A MENSTRUAL HYGIENE DEVELOPMENT PROJECT & ASSESSMENT OF MANAGEMENT IN THE RURAL SCHOOL SETTING OF AJIBAR, EAST AMHARA, ETHIOPIA

A Project Paper

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Master of Professional Studies in Agriculture and Life Sciences

Field of International Development

by

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ABSTRACT

Problem

In the rural town of Adjibar of East Amhara, Ethiopia, there was a low level of awareness regarding the education of hygienic menstruation practices along with the absence of sanitary facilities. As a Peace Corps volunteer working alongside the community, it was determined that action needed to be taken to provide better sanitation to these female students.

In regards to menstrual hygiene management, it was also determined to examine the female high school students' menstrual hygiene practices and the correlation between menstruation and absenteeism

Methods and Procedure

A descriptive cross-sectional study was carried out with female students and administration at the Adjibar High School. Using a mixed methods approach, a quantitative questionnaire and qualitative focus groups discussions (FGD), primary data was collected on 400 female students, the ages of 15 and above, along with teachers and administrators at the school. Quantitative data was analyzed and a thematic analysis approach was used to evaluate the focus group discussion data. The initiation of the construction of a new female sanitary facility was vetted through a community needs analysis with the 600 female participants in the gender club.

Conclusion

Awareness of Menstrual Hygiene Management and the factors that contribute to low female secondary retention and absenteeism increase, such as a lack of education, availability of sanitary facilities, product pricing, and school support, needs to become a priority in the implementation of programs designed by the community and developmental sectors.

BIOGRAPHICAL SKETCH

Saba Alemayehu, is a Cornell Master's student pursing her Master's in International Development with a focus on Gender Equity and Youth Empowerment. Her undergraduate degree was obtained from Warren Wilson College. She received her Bachelors of Science in Biology and a Bachelors of Science in Environmental Studies in May 2005. Saba is part of the Employee Degree program at Cornell University and has worked at the Department of Information Sciences, as an assistant to the Chair and project manager, while attending graduated school. Utilizing her background and education, Saba joined the Peace Corps in January 2016 and worked to promote food security, nutrition, and menstrual hygiene management through a gender focused lens. Her work that she completed, in her two years of Peace Corps service in Ethiopia, is the topic of her project paper.

This paper is dedicated to all the female students at Adjibar High School. Your boundless passion and drive to pursue your dreams, amidst the daily and worldly challenges you face as females, encourages me to continue my work to empower and educated communities. You are my inspiration. Never stop believing in what you can accomplish. Tamiralachu!

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Secondly, I would like to thank the United States Peace Corps and Peace Corps Ethiopia for the opportunity to serve my country, to help me meet the needs of trained women and men, to promote a better understanding of America to the Ethiopian people, and to help promote a better understanding of Ethiopia on the part of Americans. This truly was the toughest job I'll ever love. I would not be the person I am today, without this experience.

To the community of Adjibar, Amba Mariam, my translator Mesfin Beshir Haile and my host family, I want to thank you. You supported me and opened up your homes and schools for me to live, eat, and sleep. Without your help, I would not have met my remarkable students and our work together building a new facility and menstrual rooms would not have been accepted. Your kindness, generosity, and hospitality will never been forgotten.

Lastly, I want to thank my family, my fiancé, and my friends for their unconditional love and encouragement. All of your inspiring words helped me to persevere during the many challenges of service.

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LIST OF ABBREVIATIONS

Millennial Development Goals (MDG)

Menstrual Hygiene Management (MHM)

Non-governmental Organization (NGO)

Resilient, Environment, and Agricultural Volunteer (REAL)

Returned Peace Corps Volunteer (RPCV)

Stickting Nederlandse Vrijwilligers (SNV)

Water, Sanitation, and Hygiene (WASH)

CHAPTER 1

PEACE CORPS BACKGROUND

My Peace Corps Overview

I am a Returned Peace Corps Volunteer (RPCV) where I served 2.5 years in Amba Mariam and Adjibar in Tenta Woreda, in the country of Ethiopia. My job of Resilient, Environment, and Agriculture (REAL), was to implement food security, environmental sustainability, and management of natural resources, all within the context of the global and local environmental and ecological principles of my community; completing the two main primary goals:

GOAL 1: Food Security: To increase the availability of and access to diverse and more nutritious foods.

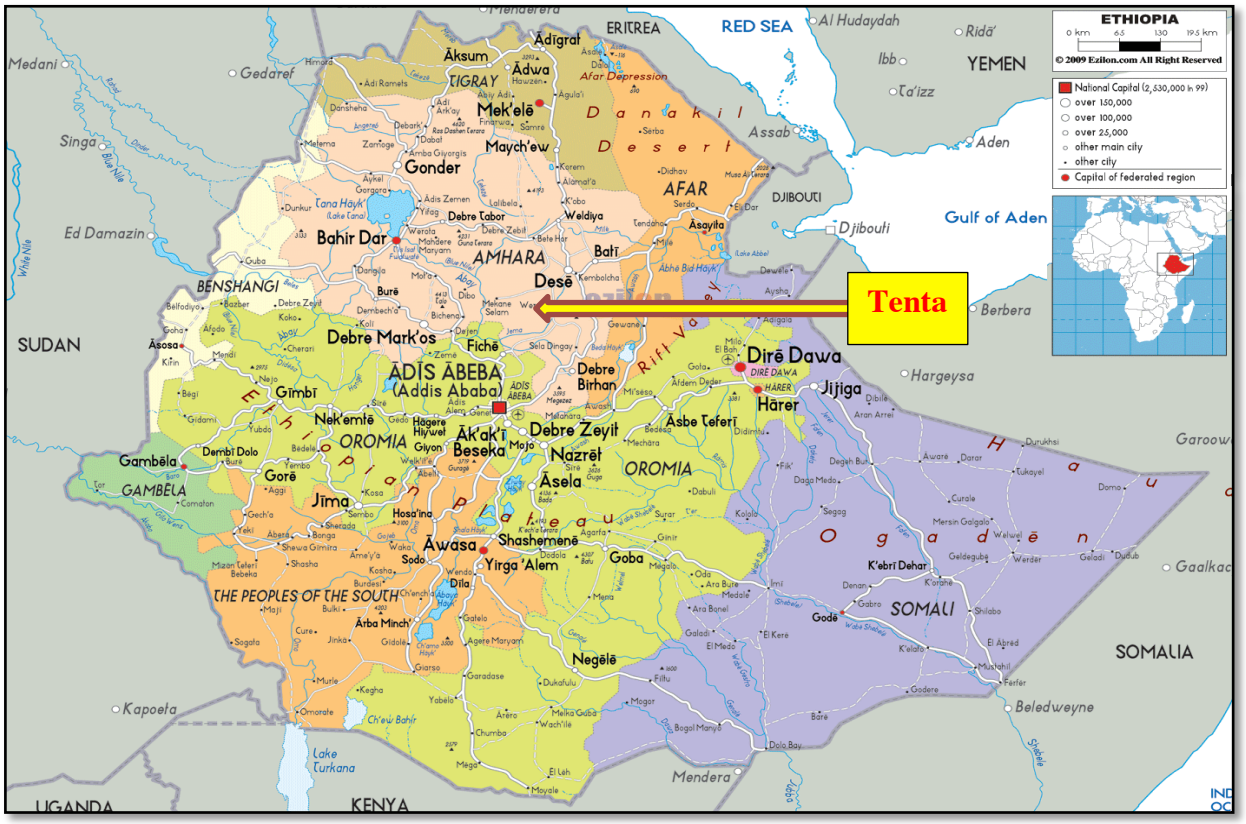
GOAL 2: Environmental Stewardship: To improve environmental awareness and natural resources management.

Although officially assigned as a REAL volunteer, as a Masters International student studying International Development with a Gender and Youth Empowerment focus, my passion truly lied in Gender Equality and Youth Empowerment, which lead me to several gender-focused secondary projects. Naturally, my passion in Gender and Youth Development continued to drive my interest on how I could continue to help my community.

My Site Overview

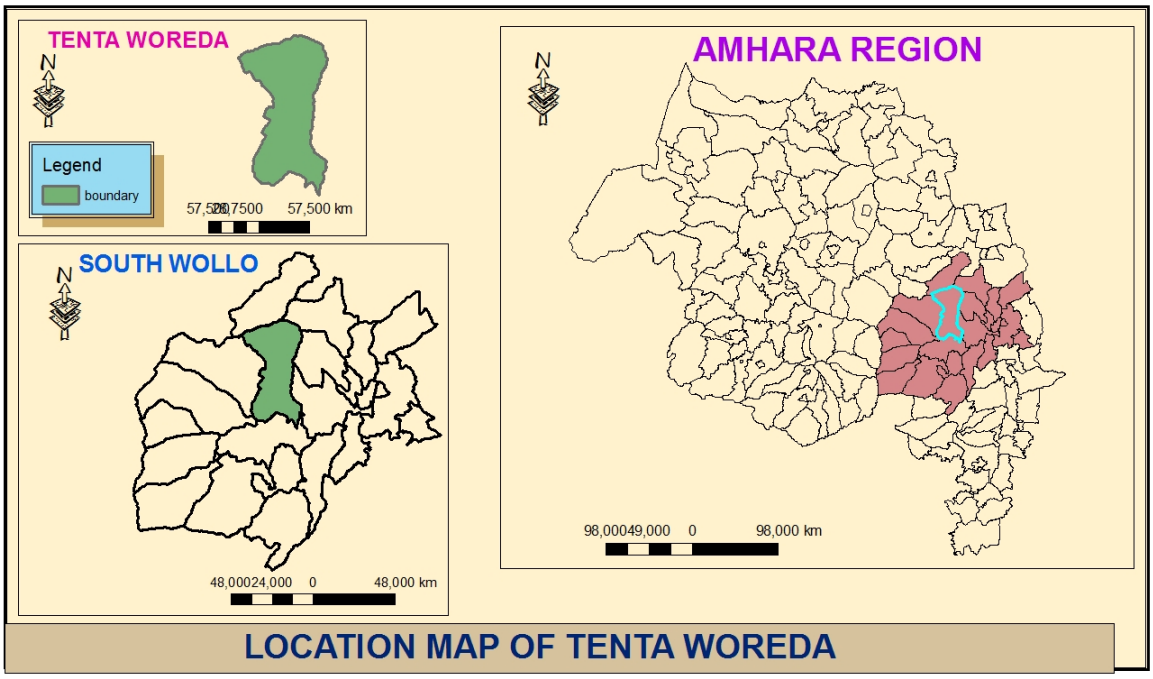
The towns where I lived, Amaba Mariam and Adjibar, are located in encompassment of the Tenta woreda or town bureau. Tenta itself is located in the East Amahara Region, South Wollo Administrative Zone. My town was roughly 528 km North of Addis Ababa, capital of Ethiopia. The altitude of the woreda ranges between 1500 – 4000 meters. The city of Legambo borders Tenta on the south, southwest by the town Sayint, west by Magdala city, and north by the Bashilo River that separates it from the North Wello zone.

Figure 1: Ethiopia Country Map



The woreda or town has a population of 166,239 of whom 81,938 are men and 84,301 are women. Only six percent of the town is considered to be urban. The majority of the inhabitants are Muslim, with 80.21%, while 19.58% of the population practices Ethiopian Orthodox Christianity. In Amba Mariam, 99% of the population works as farmers and in the town of Adjibar, 35% percent of the population work as teachers. The livelihood of the community depends mainly on rain fed agriculture and livestock rearing. These communities are some of the lowest income communities in the entire Amhara region.

Figure 2: Tenta Woreda Map (Courtesy of Tenta Woreda)



My Question

Being a Peace Corps volunteer comes with many different challenges that one needs to overcome in order to be successful. There are cultural differences, language barriers, food intolerances, and differences in hygiene that all become more normalized the longer one integrates into the community, understands the culture, and finds the beauty in every day situations. Many of my own personal hygiene practices became more adapted to the "norm" of the country where I served, but one practice in particular was a challenge and an adjustment in rural life. As someone who had more comforts awarded to her than the majority of the villagers, I wondered about the impact of menstruation on a larger scale, especially pertaining to youth.

Menstrual hygiene management has become a hot topic of conversation, when looking at sustainable strategies to increase female equality in the developing world. I myself did not fully understand to what degree menstruation could and would impact the daily lives of female students and teachers in developing countries until I experienced difficulties first hand. My own personal experience made me wonder who else shared in these difficulties and sent me on a quest to ask the question: How does menstruation impact females in the school setting?

Project and Project Paper Overview

This Master's project paper will examine and then summarize the research and literature on menstrual hygiene management (MHM) and its relationship to female student absenteeism. It will also describe the concept and reasoning behind the community latrine and menstrual/dignity room project and outline the field research methodology, results, and conclusion on MHM in the rural school system of Adjibar High School. Finally, it aims to determine the routine menstrual

hygiene practices of the female students, in the rural area, and the relationship between menstruation and attendance.

This Master's project paper also will describe how the research analysis was used to provide data for the acceptance of MHM, to mobilize a community to take action, and the result of educating over 600 students and teachers about female absenteeism and the link to MHM.

CHAPTER 2

One topic that is often forgotten in the discussion of education development is menstrual hygiene management. One could easily take an oversimplified view that menstrual hygiene management is only a health sector issue, but a broader view of the connectedness between education, cultural beliefs, poverty, and water and sanitation needs to be examined. The rational of this study takes these factors into account and a detailed literature review was conducted to determine a relationship, along with the reasoning to support the latrine and menstruation/dignity rooms project.

Ethiopia, an Education Overview

Ethiopia's current population stands at over 107 million people, with more that fifty percent of this population being female, at a median age of 18 years old (WHO, 2018). Today, 84% of this country's population is living in the rural areas and 16% of the population is living in the urban area. Ethiopia is considered a signatory country and therefore follows the guidelines and principles for sustainable development in order to reach its Millennial Development Goals

(United Nations, 2015). Ethiopia's goals have initiated a focus on implementing programs and polices in the areas of Water, Sanitation, and Hygiene (USAID, 2010), Gender and Education, School Health and Nutrition, and Environmental Sustainability (UNSD, 2014). Ethiopia is among the African countries showing progress in achieving economic growth and development, but not fast enough for educational achievement.

Ethiopia has revamped its a number of policies intended to advance goal achievement. The education policy that has been in place for many years calls for improvements in student achievement through the enhancement of the teaching-learning process and transform schools into a motivational and child friendly learning environment (CFBT, 2010). This policy's main goal is to improve the access to education, particularly for females, to make sure that all children acquire the skills, values, and attitudes enabling them to become full participants in the social, economic, and political development of their country (CFBT, 2010). But without the awareness of how poor menstrual hygiene management could potentially increase school absenteeism, hamper female student retention, and created further gender discrepancy the realization of Ethiopia achieving its MDG-2 on Universal Education and MDG-3 on Gender and Women empowerment could prove unsuccessful (UNICEF, 2012). This country has been through many years of educational reformation and still it struggles with student retention, in particular female secondary student retention.

The Cultural of Menstruation

The current worldview on menstruation is varied. In many developing countries, communities base their ideas about menstruation on cultural beliefs. The taboos surrounding menstruation is

present across the world (Ten, 2007). In Ethiopian communities, menarche and menstruation are strongly associated with a girls' sexual debut and out coming, leading to onset of arranged marriage and forcing many young girls to keep menstruation a secret (UNICEF, 2012). In many countries, it is inappropriate for females to wash their menses-soiled clothing in public and therefore have to walk to more secluded areas (Crofts and Fisher, 2012).

Due to a cultural shame, females in some rural areas in Ethiopia are not permitted to dry clean but stained clothing in the open, leading to a cycle of unhygienic reuse of menstrual materials. In many parts of the worlds, it is culturally appropriate to isolate and shun girls from their community, during menarche. In Nepal, it is common to practice chhaupadi, meaning one who bears an impurity, to banish girls from the community during their menses to unsuitable condition; some living in huts, in storage areas under the house, and even to spaces as small as closets. This cultural practice recently impacted an entire community as a young adult female was found dead, due to smoke inhalation from burning coals, in her small hut (Gettleman, 2018). The tabooed view of menstruation even impacts the educational setting. Many female students are not allowed to attend gym class and play with others who are not menstruating (Pilliteri, 2011). Once reaching menses, girls are seen as mature and are often removed from school (Khanna et al., 2005; Mudey et al., 2010). In some schools, the topic of menstruation is not discussed due to teachers wanting to avoid taboos and potential culturally inappropriate subject matter (Mahon and Fernandes, 2010; WaterAid, 2009). The lack of MHM support in the educational system, due to cultural beliefs creates a barrier for female student awareness and the tools they need to be hygienic during their menses.

Cultural beliefs are also often associated with religion. Most Muslims believes that women should not be allowed to go to the mosque, touch the Quran, or participate in ceremonial fasting during their menses (Fetohy, 2007). In Hinduism, women are looked at as polluted and are not permitted to touch others, cook, or attend any religious gatherings (Ten, 2007). In Uganda, the cultural norm is to keep menstruation a secret and they are not allowed to attend to cattle with the fear that they might make the cattle's milk turn into blood (Ten, 2007). In many social events; menstruation is associated with uncleanness, which then restricts the behavior of women and young girls reinforcing a sense of shame or low self-image.

This is even more varied in developing countries based on locality. There is a significant heterogeneity among Ethiopian adolescent girls and women (FSG, 2011). This includes geographic and socio-economic differences that affect their degree of access to services, goods, and opportunities and overall shape their long-term well being and potential (FSG, 2011). In rural societies where women are often considered more inferior then those in an urban environment, cultural beliefs perpetuate this inequality (Garg et al., 2001). This is most likely due to the level of education of women in the rural environment, where a link between the level of parental education and the lack of proper menstrual hygiene has been found (Adinma and Adinma, 2008). In a study done by the Population Council, it was found that only 8% of women had any knowledge of MHM to pass on to their daughters (Erulkar, 2010). There are many more worldwide taboos that perpetuate the cycle of isolation and increase the risk of harassment and abuse to females of all ages.

Water, Sanitation, and Hygiene (WASH)

While water, sanitation, and hygiene (WASH) are ongoing global development concerns menstruation and hygienic practices are rarely part of the conversation. It has been noted from experts in the Health, Water & Sanitation, both in the technical and rights-based discourse, that there is an absence of MHM in developmental goals and an inadequate push in incorporating MHM in program design (Fehr, 2010). Studies on gender mainstreaming have found substantive need to increase education in washing, availability of hygienic materials, and solid waste management of disposables, and although water, sanitation and hygiene are becoming a greater priority in schools, access to water remains far from gender neutral. The consequences of lack of access to water have a disproportionate impact on females (Devnarian and Matthias, 2011). In the Amhara Region of Ethiopia, female teachers and students face challenges due to inadequate sanitation facilities and a lack of sanitary products and disposal in schools.

In a study done in Ethiopia, by Stickting Nederlandse Vrijwilligers (SNV), school's that had facilities present were found to be dirty, full of human waste, lack privacy, lack doors and locks, and lack the access to water (2014). SNV states that poor sanitation is correlated with absenteeism and increased drop out rates and that efforts in school sanitation have ignored menstrual management in the educational curriculum, latrine design, and construction (SNV, 2014). Research shows that providing adequate facilities leads to and improves a female student's self-esteem and attendance, leading to an increase in graduation rates (Pillitteri, 2011). Sanitation also extends to management of sanitary materials.

Many females that live in the rural community cannot afford the expense of sanitary pads and therefore rely on reusable materials that need to be washed. The scarce supply of water and

proper sanitation is all too common at schools. This problem has been shown to lead to an increase of class absenteeism, at least one hour per day, and to the reused of partially cleaned cloths that increase the risk of infection (Seymour, 2008). Due to this lack of sanitation, in most cases, the only solution many girls have is to avoid attending school all together and falling behind their male peers leading to the repeat of grade levels (Montgomery et al., 2012). Clearly, an investment of sanitary facilities, with a gender focus, needs to be more prominently addressed in educational infrastructure development.

Overview of Challenges of Menstruation in Ethiopia

Women and girls around the world continue to face gender inequalities and discrimination that affect their health, empowerment, and overall well being. Data has suggested that these conditions become more prominent at the onset of puberty as many parents and family members try to control a female's emerging sexuality (Vogelstein, 2013). In Ethiopia, this type of control takes different forms. In 2010, fifty-two percent of girls were married by the age of 15 and eighty percent by the age of 18. This number has decreased from 14 percent in 2000 to 8 percent in 2011 (Vogelstein, 2013). Though early childhood marriage is illegal in the country and the rates of early childhood rates are decreasing, this practice is still prevalent and as of 2011, Ethiopia ranked 18th in the world (Vogelstein, 2013). Much of the success to this decrease has come through many educational programs targeting this cultural system. A study by Population Council found that 87% of married girls in a sample from Amhara were married before their first menses (71%) or the same year they started menstruating (16%) and that only 40% of rural girls across the country tell anyone about their first menstruation due to fear of marriage (Gultie, Teklemariam, Desta Hailu, and Yinager Workineh, 2014).

Education is also a barrier to MHM that persists in Ethiopia, and remains particularly high in the rural area. Many girls do not have consistent access to education on puberty, menstruation, hygiene practices, and sixty-seven percent in the rural communities have been reported on having no education on menstruation at school (Tamiru, 2015). Product attainability in the rural location is also a challenge. According to a study, eighty percent of women and girls in rural Ethiopia use homemade alternatives to manage their menses (Tamiru, 2015). These items range from cloths, rags, cotton, leaves, and bush materials (Tegegne, Teketo, et al, 2014). Though the Ethiopian government has pushed for more domestic manufacturing of products, the challenges continue in the distribution and limited demand. In addition to this challenge, as previously stated, the majority of schools lack access to sanitary facilities. In recent years, many non-governmental organizations have offered programs to support the improvement of sanitation, but very few have incorporated a MHM component to their education (Tegegne, Teketo, et al, 2014). Most women know how important good menstrual hygiene is to be able to function during menstruation, but this is hardly realized in the political arena, water and sanitation sector, and is rarely reflected even in hygiene development projects.

The awareness of menstrual health and education in Ethiopia still varies across the country's diverse local and regional contexts, leading to significant differences in programmatic and infrastructural support to address the issue. Many of organizations, including Tiret Community Empowerment Association, Dignity Period, Girls in Control of Ethiopia, Eva Wear, Plan International, CARE, UNICEF and the Carter Center, have programmatic components that mitigate single issues related to MHM but truly comprehensive initiatives that address the issue

more holistically are very rare. Most NGOs tend to focus on urban areas and the regions surrounding Addis Ababa, leading to a higher report of access to MHM education and awareness. In Addis Ababa, 90% of girls had a class session on menstruation,[35] while the majority of the country's rural areas lack any MHM education and awareness. Only 25% of schoolgirls in Northeast Ethiopia had learned about menstruation and MHM in school (Tegegne, Teketo, et al, 2014).

Menstrual supplies, like sanitary pads, are also inconsistent or not available in rural and remote areas across Ethiopia. In a baseline study, SNV World found that among girls who had never bought sanitary pads, 44% say they do not buy them because they are not available in the local market and girls cited unavailability of disposal sanitary pads as a reason for not using them (Erulkar, Annabel, et al, 2010). There is growing interest in MHM education, but this interest needs to become a priority, especially in rural areas, for change to begin.

CHAPTER 3

An effort to address gender inequality through more enlightened development project design has brought needed attention to the issue of Menstrual Hygiene Management (MHM). Globally, several MHM studies have been done, but it still is considered a topic that has been under-researched, especially in the rural context. A previous Ethiopia-based study on MHM focused heavily on the urban school setting. Participant responses reflected the greater access to educational resources and materials that characterize urban settings. The rural school setting and rural life is vastly different from that of a female growing up in an urban location, especially

when pertaining to socio-cultural beliefs. This study specifically focused on schools and female students in rural areas and produced data that can lead to a better comparison of the overall practice and knowledge about MHM in Ethiopia.

The purpose of this study was to gather information regarding the preceding knowledge of female students on menstrual hygiene management and their menstruation practices and menstrual hygiene management in rural schools in Ethiopia and to determine an association between menstrual hygiene management and female student absenteeism.

The overall objective of this study was to execute a comprehensive assessment on menstrual hygiene management at the secondary high school of Adjibar, Ethiopia. This study was conducted through the utilization of a cross sectional approach, using a comprehensive quantitative questionnaire, a qualitative focus group discussion/interviews, and an observation checklist of a school's sanitation facilities.

The specific objectives of this study are as follows:

1. Assess the knowledge of MHM of the high school female students.
2. Determine the MHM practices of the high school female students.
3. Identify factors contributing to poor MHM in the school and identify approaches and strategies to address these factors.
4. Provide support to the school district to improve MHM in the high school.

Baseline Report *(see survey instrument in Appendix A)*

The baseline survey used in this study was developed from a previous study conducted by Stickting Nederlandse Vrijwilligers (SNV) and questions were tailored to make them applicable to female students from a rural environment. The questionnaire in this study was used to gather data on the participants and collect anonymous information regarding female students' menstrual hygiene practices and how they receive support before and during their menstruation. This questionnaire was written in the local language and was facilitated by the main researcher and a translator. The data reflects the social, economic, cultural, and educational aspects of MHM pertaining to this population.

Focus Group *(See Appendix B for Focus Group Discussion Questions)*

Focus Group Discussions were used to gather qualitative data. Many female student participants were unfamiliar and somewhat uncomfortable with formal survey questions, but the more conversational interactions around open-ended questions yielded important information while offering female student respondents a more comfortable, empowering process. Discussions centered around menstrual hygiene management practices and the school's support in this matter.

The Administration Focus Group discussion was directed to teachers and administrators (both male and female), approximately 10-15 persons in all, at the participating schools. Discussions were in response to open-ended questions on how the school supports menstrual hygiene, females during their menses, and the overall cultural norms pertaining to menstruation at their school.

Sanitation and Facility Check *(see Appendix C)*

A check of the sanitary conditions on all of latrines and facilities at the school was conducted. The checklist looked at the cleanliness and the availability of the following: soap, sanitary materials, basin/buckets, and water.

Study Population

This study was carried out at the Adjibar High School. The target population of this study was female high school students aged 16 and above.

In regards to the sample size, it was calculated that the sample size population of 400 female students, out of a total of 1,325 female students present, was needed to give an accurate estimate of the population study and to obtain confidence in the results. The sample size of my participants was proportionally equal to the student population age grouping. I focused on the Adjibar high school student population age range of 16-20 years of age. Therefore if the population of 16 year olds represents 10% of the student population, then they will be 10% of the sample size. Once I received the qualifying age group data and the student numbers (assigned by the school to every student at the beginning of the year), Microsoft Excel was used to randomize and reorder the numbers. I then sorted the numbers from large to small and took the participants from the top to equal my sample size. I did not replace those students who refused to participate in order to avoid self-selection bias.

Besides the students, a randomly selected group of teachers and administrators served as important key respondents.

Data Collection

I, along with my translator, met with each administrative staff member at the participating school to gain permission to conduct the study and to explain the proposed research.. I wrote a letter of consent (Appendix D) for the participating school that described what and how the study design would be implemented. The school in the study was given the consent form to be signed by the school's principal as an agreement for collaboration. Along with consent from the school, consent from the Education Bureau was also sought and granted.

Phase One: Assent for Participation

Before the students participated in the questionnaire a meeting was held at the participating school detailing the study and written consent was obtained from the Education Bureau and the Adjibar High School principal. Verbal assent was proposed by the Internal Review Board in order to receive consent from the participants. This was in lieu of a parental consent form, as receiving parental consent might have lead to potential concern on the part of the female student participants. Given that I had received permission from the Tenta City Education Bureau to conduct my research in the school setting, it was agreed upon that there wasn't a need for a parental permission form to be obtained from the students.

Verbal assent from the students was gathered before participation. This was done through the reading of the assent form, both from myself (in English) and by the translator (in Amharic). Breaks were taken in between reading and verbalizing the consent form to see if there are any questions. The students were told that their participation is voluntary and that there will be no direct benefit or compensation for their participation. I also discussed that at any time if they do

not feel comfortable with any of the questions that they were free to not answer the question and/or not participate which will not have any repercussions to them from the school or anyone else. The participants were also made aware that all of their answers were anonymous and kept confidential.

Phase Two: Female Student Menstrual Hygiene Management Questionnaire

A menstrual hygiene management questionnaire was given to the randomly selected female students at the participating school. This questionnaire collected anonymous information regarding the female student's menstrual hygiene practices and how they received support before and during their menstruation. This questionnaire took approximately one hour of their time and was facilitated at the participating school by Saba Alemayehu, the main researcher, and a translator.

Again, it was told to the students that this survey was about Menstrual Hygiene Management and that the purpose of this survey was to help me better understand what it is like to be a female student at your school and how you deal with menstruation. It was reiterated at the end of the survey that taking this survey would not affect their relationship with their teachers, the school, or anyone else and that all of their answers will be kept confidential, meaning no one will look at your specific answers except for me. I then thanked them for their time and participation and noted that all data collected would be kept by me and would not be distributed to the schools.

Phase Three: Female Student Focus Discussion Group (FDG)

A focus group was conducted with a random selected group of female students that had participated in the questionnaire, approximately 30-40 female students, at the participating school. The group discussion focused on females' menstrual hygiene management practices and the schools support in this matter, with open-ended questions. This discussion took approximately one hour and was facilitated at the participating school by Saba Alemayehu, the main researcher, with the assistance of a translator.

Phase Four: Administration Focus Discussion Group (FDG)

The Administration Focus Group was conducted with a randomly selected group of teachers and administrators, approximately 15 persons in all, at the participating schools to discuss the menstrual hygiene education and hygiene and sanitation of the latrines at the school. Both female and male teachers and administrators were asking open-ended questions on how the school supports menstrual hygiene management.

Each participant signed a consent form to participate. Before the discussion began. I, along with the translator, discussed the consent form with the participants and reiterated that participation was voluntary and that there was no direct benefit or compensation for their participation. I also discussed that at any time they do not feel comfortable answering any of the questions, that they were free to not answer and or not participate and that this would not have any repercussions to them from the school and that all answers were kept confidential.

Phase Five: Sanitation and Facility

The main researcher, translator, and the high school principal, conducted a sanitation check of the female facility along with the location of the female bathroom, and the distance of the facility in relation to the classroom and faculty offices.

Ethical Considerations:

The location and population of this study was taken into consideration before the study was executed. The study was conducted at the Adjibar High School, in the Woreda of Tenta, East Amhara, Ethiopia. My expertise and experience with this population has extended over the past two years, as I had been working and living in this area as a Peace Corps Agricultural Specialist. Living there, I created trusting relationships with the community and also gained full understanding of the culture in this region. I also am Ethiopian and speak the language in this region as well. During my time there, I attended many trainings regarding healthy life style choices, implemented by Peace Corps Health Staff in Ethiopia and South Africa, which included menstrual hygiene training. I worked extensively with my community's health center, Education Bureau, and the Women's Bureau in pushing health campaigns and gender empowerment programs.

While I lived in this community, I, along with two other teachers and a school psychologist, developed a gender club, consisting of 600 female students. Club sessions focused on matters of everyday concern for student members. For example, I lead many sessions about healthy lifestyles, combating HIV/AIDS including safe sex practices, Females/Students Rights, self-esteem and peer pressure strategies, and nutrition. All of the programs I designed combated

gender stereotypes to empower the female students to give them the tools to make healthy decisions.

The gender club that I created set the foundation for a safe space to discuss important health and social issues, advocate for youth, and support them in advocating for themselves. I also helped students and teachers in the school to develop their English, livelihood skills, leadership skills, and confidence.

The students that I worked with all knew my research purpose and most had been my students for the past two years. With the study population, I had built a level of trust where they knew they at any time they could talk to me about many personal and or sensitive issues, including menstruation.

The decision to use focus groups, in addition to a survey and as opposed to one-on-one interviews given the sensitivity of the topic, was chosen because many of my participants had never been exposed to in-depth questionnaire. I had the concern that they might not be able to expresses themselves, as they would like. Therefore, having an opt-in focus group gave them the opportunity to freely discuss their perspectives and concerns in a free and safe environment, the gender club setting, and provided critical qualitative data. As previously mentioned, the work that I did with these students helped me to build trusting relationships with them. They participated in the focus group (conducted in the gender club and safe space) confident that all that was said and or expressed would be kept confidential. I believed that participants felt safe enough to express their answers openly and proceeded with the study.

CHAPTER 4

RESULTS

Data Compilation and Analysis

Primary quantitative data from the baseline survey was captured and analyzed using Excel. Using frequencies, tables, and graphs the data is presented to show the socio-demographics and the knowledge of Menstrual Hygiene Management from the female students' results. To determine an association between the socio-demographic variables and the practiced knowledge, a cross tabulation was run. Data from the Focus Group Discussion was manually processed and examined for patterns and themes based on the results.

Quantitative Data Analysis

Six hundred (600) questionnaires were distributed at Adjibar High School over a period of two months to female students aged 16 and above and in grades 9-12. Of these, 400 reported that they had started their menstruation and were thus included in the analysis.

Table 1.1: Baseline Data

Total Population of Females at School:	Total Questionnaire Distribution:	Total Questionnaires Analyzed:	Grades Evaluated
1,325	600	400	9^{th}-12^{th}
Age Range (in years):	Mean Age:	Standard Deviation:	Number of Toilets:
16 and above	17 years	1.3	1

The quantitative data was gathered through a survey instrument informed by a prior study done by SNV, and designed and tailored to focus on females from a rural perspective. The findings of this baseline questionnaire on MHM were analyzed based on the following six main themes:

Section 1: General Student Information

Section 2: Student Awareness Regarding Menstruation

Section 3: Student Awareness Regarding Menstruation Practice

Section 4: Sanitation and Hygiene Facilities in Schools

Section 5: Awareness of Sanitary Materials

Section 6: Affects of Menstruation on Girls Education

Section 1: General Student Information

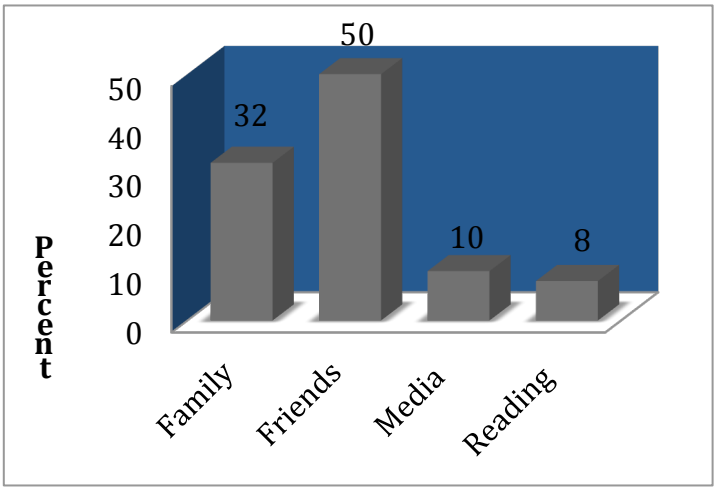
The participants of this study were asked general information to get a better overview of their overall background. The reason for this relates to the study population only having one high school in their community that serves over 15 other districts. This background information was gathered with the intention of helping the school better serve a culturally and socio-economically diverse female students community.

Table 1.2 General Student Information

Question	Mean
How far is the school from where you live during the school year?	**10.9 km/ 6.21mi**
At what age did you start menstruation? (years)	**15 years old**

Figure 3, below, shows the results of the source of menstrual education and where the participants have obtained knowledge. The majority of respondents had gained awareness and knowledge on menstruation and obtained information, particularly from family (32%), friends (50%), readings (10%), and media (5%). The remaining 3% responded that they had not had any previous knowledge regarding menstruation.

Figure 3. Percentage of Source



Section 2: Student Awareness Regarding Menstruation

Indicted in the table below, table 2.1, out of the 400 respondents, 69% of respondents confirmed that there was MHM education at school, whereas the remaining 31% respondents reported that there was not MHM at the school. The responses from the FDG showed that the majority of the participants were aware of MHM at school through the gender club developed.

One student was quoted with saying, “The only reason why we know about menstruation education is because of the gender club. The science teachers do not give us the help.”

Table 1.3 shows that 50% reported that they obtained education about MHM from school clubs, 17% through reading materials, 16% from teachers, 6% from Plasma or mini- media, and 5% from another source. The FGDs conducted with students and teachers confirmed the findings that Menstrual Hygiene Management education was not part of the curriculum.

Table 2.1 Menstruation Education and Sources

Questions:	**Percentage %**
Is there MHM Education at your school?	**Yes = 69 %**
	No = 31%
If MHM is at your school, who provides the education?	
Clubs	**50 %**
Reading	**17%**
Teachers	**16 %**
Plasma/ Mini- Media	**6%**
Other, not specified	**5%**

Data collected on this topic from the FGD showed that the students wanted more awareness and support at the school level. One student was quoted stating, “ More awareness needs to be brought to the boys and male teachers because they do not know how to help. They make us feel guilty and ashamed to ask for help. I had my period and endure the pain during sport class because I was afraid to tell my teacher. I did not want to tell him because he would ask me why I did not want to participate.”

Menstruation outside of school

Though the data showed that menstruation is discussed some in a school environment, the question regarding menstruation being discussed out of the school setting was pertinent to understand the full scope of MHM education in the student's lives. Table 2.2 indicated that 82% of the female students believe that menstruation is a secret; with only 18% believing it is not. When asked the question, why they find it to be a secret, 43% said it was due to the culture, 29% due to taboos that surround menstruation, 8% due to religion, and 7% due to being afraid or scared to openly talk about menstruation outside of the school setting. Though the data showed that religion has a small percent of the reasoning behind keeping menstruation a secret, it was important to take into consideration the student's religious beliefs when constructing a plan to incorporate a culturally tailored MHM educational plan at the school.

Table 2.2 Menstruation outside of the school

Question	**Percentage %**
Do you think menstruation is a secret outside of school?	**Yes = 82%**
	No = 18%

Question	**Percentage %**

Table 2.3 Is menstruation a secret?

Why do you think that menstruation is a secret outside of school?	
Culture	**43%**
Taboos	**29%**
Religion	**8%**
Scared of Afraid	**7%**

Table 2.4 Religious Status

Question	Percentage %
What religion are you?	
Orthodox/Christian	**16.75%**
Muslim	**83%**
Protestant	**.25%**

Section 3: Student Awareness Regarding Menstruation Practice

When it comes to MHM, data was gathered on the student's personal hygiene habits during their menstruation and the reasons behind these practices. The participants were asked questions about cleaning their reusable menstrual pads. When asked where they dry their pads, over half of the students said in a hidden place without sunlight (53%), 44% said in sunlight, and 2% in another area. One student discussed that because of shame, she covers up her materials when she places them outside. The majority of the students drying their pads without sunlight is concerning from a hygienic and sanitary stance, especially if they are reusing the materials without it properly being sanitized.

Table 3.1 Reusable pad, drying placement

Question	Percentage %
Where do you dry your reusable pads?	
Open sunlight	**44%**
Hidden place	**53%**
Other	**3%**

With regards to placement of cleaned reusable sanitary pads, almost half of the students said that they keep their pads in a hidden place (46 %) or away from site of others (47%).

Table 3.2 Placement of Clean Pads

Question	Percentage %
If you used reusable sanitary pads, where do you keep them after they are cleaned?	
Hidden Place	**46%**
Under the mattress	**36%**
Inside a cabinet	**11%**
Insides a plastic bag	**5%**
Other, not specified	**2%**

When asked why the students kept their clean pads in a hidden place or out of sight, 46% of the students felt shame or disgrace of having their menstruation, 22% did so due to cultural taboos, 27% due to it having a dirty appearance.

Table 3.3 Reason of placing pads in a hidden or out of site place

Question	Percentage %
Why do you put it in a hidden place or out of site?	
Shame/disgrace	**46%**
Taboos	**22%**
Dirty look of the material	**27%**

During the FGD, this question was asked again to get a better understanding of the reasoning behind the students hiding their menstrual materials. One student said, " I hide my materials because I am afraid of someone seeing what is happening to my body."

Section 4: Sanitation and Hygiene Facilities at the School

The school where this study took place was noted as having one toilet for the 1,352 female students. A sanitation check was done on this facility. The facility itself did have doors for privacy, but lacked any locks for security. The bathroom also did not have the following available; sinks, water, soap, changing rooms, basins or buckets, a sickbay, or a place for the disposal of used pads. This facility's placement was measured in relation to the classrooms and was found to be more than 800ft away and outside of the perimeter of the classroom location. This distance made the students have limited time to use the bathroom during the breaks and also was in a secluded location, potentially leading to harassment and posing a security risk. One student stated that a clean bathroom was the thing she and her classmates needed most.

Table 4.1 Sanitary Facility Check

Category	Available	Not Available
Doors	**X**	
Locks for doors		**X**
Sinks		**X**
Water Available		**X**
Soap in the Washroom		**X**
Changing room		**X**
Basins/Buckets		**X**
Sickbay		**X**
Disposable area for pads		**X**

Section 5: Awareness of Sanitary Materials

Respondents reported use of both reusable and disposable sanitary materials. The majority of the participants, 72%, were found to use reusable menstrual pads during their menses. When asked why they do not use disposable pads, 54% answered that the disposal pads were too expensive, 11% answered that they did not last long, and 35% answered that they were both too expensive and not long lasting.

Table 5.1 Sanitary pads, reusable or disposable

Question	*Percentage %*
Why do you not use disposable pads?	
Too expensive	**54%**
Not long lasting	**11%**
Both, expensive and not long lasting	**35%**

When asked if the school provided any type of sanitary product for the students, 39% answered that the school does provide products and 61% answered that nothing was provided.

Table 5.2 Does the school provide products?

Question	**Percentage %**
Does the school provide you with any sanitary products?	**Yes = 39%**
	No = 61%

During my FGD with the administration, it was mentioned several times that the school does provide menstrual materials, sanitary pads only, to the students when asked. Confirming documents were provided, however the majority of the students were unaware that this service was provided.

Section 6: Affects of Menstruation on Girls Education

Menstruation affects females in many different ways. The surge and release of hormones has always been known to lead to either physical, emotional, or both types of distress. The 400 respondents were asked if they have ever faced problems due to their menstruation. Sixty-two (62) percent of the students responded affirmatively.. When asked what problems they faced in school due to their menstruation, 17 % reported difficulty concentrating, 62% felt psychological or emotion effects, and 21 % reported feeling physically sick.

Table 6.1 Physical problems faced due to menstruation

Question	Percentage %
What physical problems do you face at school?	
Hard to concentrate	**17%**
Psychological/emotional affects	**62%**
Physically sick	**21%**

The majority of the respondents stated that they faced some sort of psychological or emotional effect related to their menstruation. Asked what type of emotional or psychological problems

they faced, responses were as follows; 57%, felt isolated, 24% dealt with insults, 22% had been discriminated against, and 2% felt a sense of shame while menstruating.

Table 6.2 Emotional/Physiological problems faced due to menstruation

Question	Percentage %
What emotional/psychological problems do you face during your menstruation?	
Isolation	**52%**
Insults	**24%**
Discrimination	**22%**
Shame	**2%**

During the focus group with the students, we asked them again what type of emotional or psychological problems they had during menstruation. Here are some of their stories:

Student A: " When I was in 6th grade I got my period. I was afraid to tell my mom because I know she would not understand because she did not get an education. When she found out, she thought I was being sexually active and she kicked me out of the house for three days. I felt alone and scared. I was not sure if she would let me come back."

Student B: " A classmate of mine was bleeding terribly bad and her entire skirt was covered in blood. She was embarrassed to ask for help and for a week the students made fun of her. She doesn't come to school now during her period.

Student C: " One day I was walking to the bathroom. I saw a girl that was lying on the ground. A boy tried to help her up and cover her with his sweater. When she woke up she told us that she passed out because she was bleeding so badly. I asked her why she did not go to the teacher and she said because she only had male teachers that day and was ashamed to tell them."

Student D: " A friend of mine got her period and her family didn't know what was happening to her. They thought that she was being sexually active and to punish her they tied up her hands and feet and hit her. For three days she was like this and had no food or water. They beat my friend too hard and she died in hospital."

When researching the potential link between menstruation and school absence, the participants were asked if they missed any school due to their menstruation, Table 6.3 below. From the total population studied, 70% of the students said that they had missed class due to their menstruation. Digging deeper the students were asked how many days and the reason why they had missed school. The majority of the students stated that they had missed 2-3 days of school, 22% said 4-5 days, 12% stated not more than a week, and 28% said they had missed class periods.

Table 6.3 Absenteeism due to menstruation

Question	**Percentage %**
How many days have you missed from school during your menstruation?	
2-3 days	**38%**
4-5 days	**22%**
More than a week	**12%**
Not full days, but class periods	**28%**

Table 6.4 Reason for missing school during menstruation

Question	Percentages %
Why do you miss school during your menstruation?	
Lack of changing room	**22%**
Lack of water in toilet facility	**23%**
Unable to walk to school	**22%**
Fear of leaking	**15%**
Ashamed	**18%**

The students were then asked the reason they had missed school during their menstruation (see table 6.4, above), Twenty-two percent (22%) said that it was due to a lack of a changing room on the premises, 23% was due to a lack of water in the toilet facility, 22% due to physically being unable to walk to school, 15% due to a fear that they will leak during school time, and 18% will miss school during their period because they feel ashamed. All of these concerns can be easily mitigated by the school and decrease the rate of absenteeism, especially when noted that every single participant, all 400 students, missed class in some part of the school day. This is a major problem for the school, school district, and the overall community that perpetuates that cycle of low female retention and increased dropout rates.

CHAPTER 5

FEMALE LATRINE PROJECT AND MHM TRANING

Project Narrative

As stated previously, Adjibar High School is the only source of secondary education in the region of Tenta, and although it is the largest provider of secondary education in the entire zone of South Wello, it is deficient in hygienic latrine and wash facilities, especially for the female students.

The high school age is a particularly trying time for female students and this is the critical juncture in their educational experience where it has been shown that they tend to fall behind in their class work, attendance starts to decline, and drop out rates increase. One reason for this decline is due to the lack of feeling supported in the school setting when they have their monthly menstruation. In this country, and more particularly in rural Ethiopia, the idea of menstruation is still taboo and the potential embarrassment that having a menstrual leak can cause leads female students to either leave school early or not attend during their menstruation. This starts to become a vicious cycle where the female student falls further behind and creates a greater gap in their socioeconomic achievement.

The Adjibar High School had one latrine, with four stalls, for the entire population of 1,385 female students. This lack of a sufficient latrine facility and water source for cleaning menstrual pads was shown to be a deterrent for the attendance of female students. During many gender club

discussions, the female students explained their need for a clean facility to use, their need for privacy, and their need for a changing room during their menstruation. The previously cited statistics indicated the need for the project described below, including the mobilization of support for construction of a new facility. Of all places in a young person's life, the school setting should be an environment where a female student feels safe and supported to learn and achieve her dream.

Project Conception, Phase 1

Project Description:

The aim of this project was to construct one latrine and one hygienic wash facility for the female students at Adjibar High School. The latrine will include six stalls and a wash facility for the female students to use to wash their menstrual pads and to stay clean if menstrual leakage occurs. In order for the project to be carried out and funded, Peace Corps will work in conjunction with following local bureaus; Education Bureau, Youth Bureau, Agriculture Bureau, Water Bureau, and the High School Administration. The Peace Corps volunteer, along with the High School Administration, will supervise the construction of the latrine. The High School Administrative team will be in charge of continued maintenance.

Impact/Outcome/Number of People Served:

This project will impact the 1,385 female students and will provide for the hygienic bathroom and wash facility for the needs of the students, especially during their menstruation. This project will also enable the provision of water and sanitation training by the Carter Center, Dessie

Office, and the Peace Corps volunteer. The construction of the latrine will also incorporate a water source for the school's garden and further permagarden training. Additionally, it will provide opportunities for the Peace Corps volunteer to facilitate nutrition training.

Project Sustainability:

The High School Administrative team will add the new bathroom facility to their yearly budget expenses and be in charge of fulfillment of continued maintenance. Also, we are hoping that the garden can turn into additional income for upkeep and the purchase of provisions.

Capacity Building:

The project aim is to provide the female students with a facility and sanitation training to assist in the adoption of hygienic behaviors, not only during their menstruation but also on a daily basis. This project aim is also to provide the students with a supportive school environment for their continued attendance.

Do No Harm Consideration:

General, Environmental, and Mitigation: Our group found no adverse consequences associated with the project. . The Education Bureau and Woreda Zonal Bureau have approved all of the plans in regards to environmental, land use plans, zonal and archetype plans. The construction of the bathroom facility is based on the standard high school facility layout and we have been given the "go-ahead" with the construction.

Project Implementation, Phase 2

Myself, the Adjibar High School principal, Adjibar teachers, Youth Bureau Sector Leader, and female students worked with the Adjibar Education Bureau and received approval for the following plans: latrine plan, zonal plan, and land management plan. I also received communal support, material donations, and labor support from the following Bureaus; Education Bureau, Youth Bureau, Agriculture Bureau, Water Bureau, and the Women's Bureau.

Proposed Budget

With help from local engineers, cost of the materials, labor, and equipment was determined. The project budget was projected for the amount of $5000. USD. Not included in this total was the local contribution.

Figure 4, Project Budget

	Grant Amount		Community Contribution			
			Cash		In-Kind	
Category	*Local Currency*	*$US*	*Local Currency*	*$US*	*Local Currency*	*$US*
Labor	38000.00	$ 1666.67	-	$ -	10000.00	$ 438.60
Equipment	-	$ -	-	$ -	-	$ -
Materials/Supplies	78563.00	$ 3445.75	-	$ -	53300.00	$ 2337.72
Land/Venue Rental	-	$ -	-	$ -	-	$ -
Travel/Per Diem/Food/Lodging	-	$ -	-	$ -	-	$ -
Materials Transport	-	$ -	-	$ -	-	$ -
Other	-	$ -	-	$ -	-	$ -
Total	116563.00	$ 5112.41	-	$ -	63300.00	$ 2776.32

There was a projected completion timeline of six months to secure the funding (including donations), finalize agreements with the construction team, and finalize of the project. I wrote a *Let Girls Learn* grant and submitted it to Water Charity. A *Let Girls Learn* grant is a type of grant that is used to secure funding for projects related to gender equality. The Water Charity organization, and in cooperation with the National Peace Corps Association, fully funded the project.

Figure 5, Project Timeline

Activity	Person(s) Responsible	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6
Pick up materials from the regional capital	*Organization president*		X				
bathroom facilities.	Saba Alemayehu	X					
Sector Leader from Youth Bureau to discuss potential project	Saba Alemayehu	X					
Meet with potential stakeholders and ask for support /donations	Team and PCV	X					
pland and environmental plan and secure deadline for facility	Team and PCV		X				
Received Facility plan and start working on budget expenses	Team and PCV			X			
Finish grant and final expense sheet for grant submission	Saba Alemayehu			X			
Find out about grant funding and select contractor bid	Team, PCV, and Education Bureau				X		
Finalize Mason and Contractor Bid and Start Construction	Team, PCV, and Education Bureau				X		
payment	Team, PCV, Education Bureau					X	
Monitoring and Evaluation of female follow up questions	Saba Alemayehu					X	X
WASH training with Carter Center	Saba Alemayehu and Carter Center					X	X
Permagarend/ Nutrition Training	Saba Alemayehu					X	X

Figure 6, Project Timeline- Linear View

Meeting with Gender Club teachers and students to talk about bathroom facilities.
Meeting with School Principal, Gender Teachers, CP, and Sector Leader from Youth Bureau to discuss potential project and gain buy-in, identify key stakeholders
Meet with potential stakeholders and ask for support /donations
Meeting with Education Bureau and Zonal Bureau for facility plan and environmental plan and secure deadline for facility plan
Received Facility plan and start working on budget expenses
Finish grant and final expense sheet for grant submission
Find out about grant funding and select contractor bid
Finalize mason and contractor bid and start construction
End of construction, final check on construction and last payment
Monitoring and evaluation of female follow up questions
WASH Training

Project Outcome:

The latrine project was completed on time and within the budget projection. The new female latrine is comprised of 6 stalls and two wash facilities or menstruation rooms. The bathroom has a total of six sinks with running water for consistent hygienic use. Each stall is fitted with washbasins, soap, and trashcans for the disposal of used menstrual materials.

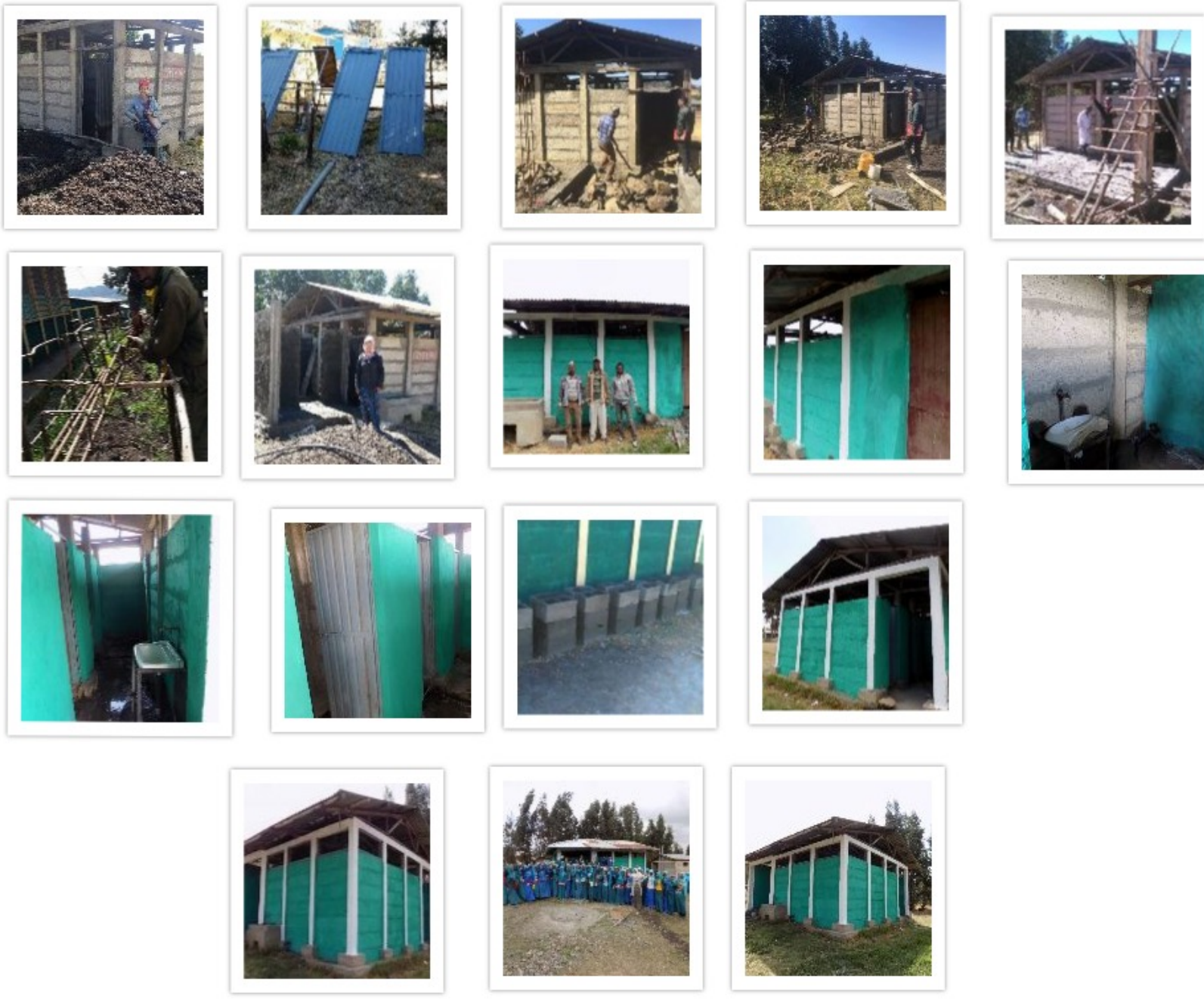
Overall, this latrine provides access for the female students to be able to hygienically wash their hands, their reusable menstrual pads, and to stay clean if menstrual leakage occurs. The High School Administrative and I supervised the construction of the latrine and a new budget was adapted into the high schools overall yearly school budget for the continued maintenance of the bathroom. In cooperation with the Carter Center in Dessie, Ethiopia, the students were trained on proper Water, Sanitary, and Hygiene management. The students had educational programs organized for them, in conjunction with the gender clubs, to better understand the importance to wash our hands, stop the spread of disease, and live hygienically.

Figure 7, Project Actual Budget

Budget Summary

	Grant Funds (Cash)	
Category	*Local Currency*	*US$*
Labor	60000.00	$ 2631.58
Equipment	-	$ -
Materials/Supplies	54891.00	$ 2407.50
Land/Venue Rental	-	$ -
Travel/Per Diem/Food/Lodging	-	$ -
Materials transport	-	$ -
Other	-	$ -
Total	114891.00	$ 5039.08

Figure 8, Latrine Photos



Trainings focused on the following aspects of MHM (Appendix D)

Session 1: Puberty and Adolescence Basics I

Session 2: Puberty and Adolescence Basics II

Session 3: Sexuality

Session 4: Reproductive Health Anatomy

Session 5: Menstruation (Girls Only)

Session 6: Boys' Bodies (Boys Only)

Session 7: STD Basics

Session 8: HIV Basics

Session 9: Addressing Stigma

Session 10: Family Planning Methods

Session 11: Condom Use

Session 12: HIV and Sexual Health Games

Session 13: Visit From A Health Professional

With the help of Save the Children, Ethiopia, the gender assistant and I also developed workshops. The workshop objective was to impart students with healthy decision-making skills including the boosting of self-esteem and coping with peer pressure. It also included navigating Gender Based Violence and HIV/AIDS/STIs stressors in order for them to stay in school and achieve their goal of graduation. Most importantly, over 400 female students were trained in the production of reusable menstrual pads.

Figure 9, MHM Trainings

CHAPTER 6

Discussion

Menstruation, A contributing factor

The aim of this study was to examine if the lack of MHM or absence of MHM education was having an impact on the female students at Adjibar High School. Analysis of the data confirms that menstruation does contribute to female students' absenteeism. Two of the greatest barriers, among many others, impacting the students the most are the lack of hygienic facilities and product availability.

Menstruation Products

As previously mentioned, many of the students use reusable menstrual pads. These pads provide less of an environmental impact and seem to last longer. However, the focus group discussions revealed that many of the students would like to purchase disposable pads but are deterred from doing so due to the high cost. As the data showed, 54% of the participants stated that the cost of buying disposable pads is beyond the reach of their family.

Therefore, the majority of the students rely on reusable pads, but then the lack of hygiene that is practiced is a concern. The student's results, when asking where do you dry your menstrual pads after being cleaned, show a gap in the education of proper menstrual hygiene practices. A large number of students (46%) reported that they hide their reusable pads for drying.

The students know that exposing pads to sunlight for drying helps to sanitize them. Nevertheless, more than half of the students in the study said that they hide their menstrual materials due to a feeling of shame. This results in females drying their materials in dark and dirty places, often without proper circulation, to avoid notice. This improper practice can lead to infection..

Being able to purchase sanitary pads is a luxury beyond the economic means of these girls. No unlike many other part of the developing world, products are available, but at a cost unaffordable to many girls. The result is the use of unsanitary rags and toilet paper (Haynes, 2012). The cost of sanitary pads in Ethiopia can been seen as a luxury item for most common rural females. The prices of these pads that are available in this area as follows: Comfort: 23 birr (10 pack), Eve- 24 birr (10 pack).

The barriers of high relative cost and lack of general availability has been shown that a disposable pad is not sustainable for young girls to use (El-Gilany et al., 2005). Therefore, approximately 80% of women and girls in rural areas use homemade alternatives and just over a quarter of the population in both rural and urban settings lack access to improved sanitation (Tamiru, 2015).

Water, Hygiene and Sanitation (WASH)

It's imperative that development planners and educational administrators recognize that there are many factors beyond the provision of menstrual materials, influencing girl's school persistence.. It's critical to also provide them with sanitary facilities to keep the hygiene practice a habit. Girls overall, need to feel a sense of security and privacy during their menstruation. Proper design of

school facilities infrastructure can have a significantly positive impact on girl's school attendance and academic performance. .

As mention in the community description, Adjibar high school is the main secondary school for the entire South Well region. This school has over 1,000 female students and only provides them with one bathroom. This bathroom lacked water, soap, doors that locked, and was found to be dirty. When asked about problems the girls faced at school, 22% said that there was no space for them to change or wash their menstrual pads and 23% said that the bathrooms lacked water.

This problem was again reiterated during the focus group discussion and the students wanted to a bathroom facility that was clean and sanitary. During the weekly gender club meetings, this topic was also brought to light. They students mentioned that they wanted to feel secure when using the bathroom, but there were no locks on the doors and the doors were falling apart. Mudey et al, in 2010, states that a lack of doors is common problem when separate facilities are available and they often are to found to be unclean or intermittently supplied with water. When there are no available clean facilities at the school, many girls are forced to miss at least on hour of school in the process of dealing with their menstruation (Seymour, 2008). The disposable of sanitary materials also becomes an issue when proper bins are not placed in the bathrooms. If there is no alternative for disposal, many people throw out the products in the latrines (Umeora and Egwuatu, 2008). This type of unsanitary disposal can lead to more serious infrastructural problems.

The construction of the female latrines and WASH trainings were big steps in providing more resources and support for the current female students. When looking toward the future, more and more girls will attend this school and adequate development of appropriate facilities needs to be planned for in order to provide female students with the same opportunities for positive educational outcomes as their male counterparts. Providing proper hygienic facilities can lead to an improvement of self-esteem and attendance, leading to more girls finishing their education and participating in the development of their country (Pillitteri, 2011).

Education, Inclusivity, and Absenteeism

When dealing with menstruation, a girl's self-esteem is low as incorrect beliefs and cultures persist against them. Only 16% of the respondents said that their teachers give them information about menstruation and if they do, based on the focus group discussion, it is only about the biological process and nothing else. Teachers have even stated that they prefer not to talk about menstruation in the classroom, as it is still seen as culturally taboo. Forty-five percent of the girls stated that they believe menstruation is to be kept a secret due to cultural beliefs. Cultural norms isolate many menstruating girls in the school setting.

When menstruation becomes associated with guilt and shame, it not only affects one's well being, but also their education. Community norms around menstruation cause women and girls to feel ashamed. As previously stated, 22% of the population study felt discriminated against and 24% dealt with insults, all because they were menstruating. Many females also felt ashamed and

scared to talk to their teachers about the problems they were having during their menses. Even to the point of enduing pain to keep the fact that they were menstruating a secret.

The education and awareness of MHM varies across the country of Ethiopia. MHM and puberty education is not mandated as part of the school curriculum (Water and Sanitation Profile: USAID, 2010). The data above showed that 100% of the participants missed at least one class due to their menstruation. The numbers indicate that 38% missed 2-3 day, 27% missed 4-5 days, and 12% missed one week or more. This level of absenteeism has a profound significance on the ability of a female student to stay on track with their schooling.

Overall, many of these students felt that there was not enough support at the school level for them during their menses. Though the school does provide sanitary materials for the students, 61% were unaware that they were available. This lack of awareness can be linked to a lack of support from the school community and teachers. A lack of sanitary facilities also played a major role in the feeling of privacy to change, prevent a leak, or have the ability to use the bathroom overall. Shame, and the absence of privacy and hygiene education were noted as main factors contributing to female students' absenteeism during their periods.

Challenges/Limitations of the Study

The overall study went as smoothly as could have been expected given the context, but there were a few challenges that had to be overcome.

Knowing that language would be a barrier from the inception of this project, a translator was brought on at the beginning stages of this study's development. The questionnaire was developed

and translated into Amharic, the national language of Ethiopia, in the hopes that it would make it easier to the female students to participate, even though when at school they receive instruction in English. During the Focus Group Discussions, there were times when a phrase or a word did not have a direct translation into English. In this case, the translator thoroughly reviewed the materials to mitigate the confusion on either end, when posing open-ended questions and receiving responses.

In addition to the language, communication to my support team back in the US proved to be difficult, as there were often times that the Ethiopian government shut down the internet for months at a time. During my first year of service in Ethiopia, the government declared a State of Emergency, leading to the blocking of communication both within the country and for those trying to call in. This was mainly due to the political unrest that the country was facing. It led to safety and security issues to those of us living in country. I was pulled out of my site for two months delaying the ability for me to contact my department and pursue the study. This unfortunately happened again in the last five months of my service, which caused Peace Corps to pull me out of my community, weeks at a time, for several times disrupting the ability to solidify and execute my research.

CHAPTER 7

CONCLUSION

While there is slow momentum in addressing MHM overall, many governmental organizations have not prioritized this as a major component of initiatives to counter the decline in secondary school female retention and graduation rates. Female absenteeism is affected by many factors, but mostly by the lack of education, sanitary facilities available, product pricing, and support from the school administration. Menstruation-related factors have a greater negative impact on female students living the rural communities.

Cultural norms and taboos surrounding menstruation also play a significant role on how communities treat many females and women, often leading to more of a gap in gender equality and forcing many women and young girls to be viewed as unproductive components of society. Countering long held cultural norms is not an easy task, but can be done with the creation of awareness and education. Creating programs and trainings that are culturally tailored to mitigate these taboos, can ultimately lead to behavioral change.

The data from this research was able to provide the school administration with the tools they needed to gain approval, funding, and the rights to construct a new female bathroom for the Adjibar High School. This data also provided the Education Bureau with strong evidence to add a Menstrual Hygiene Management program as part of the secondary school curriculum and continuation of the upkeep with the new female facility. Lastly, this research gave the community the tools they needed to recognize a problem, solve that problem collectively, and

realize that they need to rally behind the female students and make them part of the problem solving strategies to all stand united against the problem of female absenteeism due to menstruation.

Creating awareness of the impact of MHM, educating the female students' to be empowered in their own ability to design new educational opportunities to tackle this issue, and seeing this mobilization reflected in community at the school level and the investment by local government was my ultimate goal in the push for the adoption of a new behavioral perspective.

Though I will not be able to see the long-term impact of my overall project, I hold on to the hope that this study and data used to influence the new infrastructure project set the stage for an educational setting that offers every girl the opportunity to thrive in the community and in the school setting.

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APPENDIX

Appendix A: Questionnaire on Menstrual Hygiene Management

Objective of the study: For 7th-12th grade female students to understand their practice and knowledge in relation to their environment and how to control their menstruation.

- No need to write your name
- This survey is voluntary
- This survey is useful for the project in correlation with menstrual hygiene management

Region: _____
Woreda:_____
Name of School: _____

No.	Question	Coding	Skip Questions
Section 1: General Student Information			
1.1	How old are you?	Age: _____ years old	
1.2	What is the highest level of school you are currently attending?	Current Grade:_____	
1.3	How far is the school from where you live during the school year?	_____ km	
1.4	What is your religion?	1.Orthodox 2.Muslim 3.Protestant 4.Other, please specify_____	
1.5	Do you know anything about menstruation?	1. Yes 2. No/I don't remember →	If No, skip 1.6
1.6	Where did you get the information about menstruation?	1. Family 2. Friend 3. Media 4. Reading 5. Other, please specify _____	
1.7	Is there Menstrual Hygiene Management education at your school?	1. Yes 2. No →	If No, skip 1.8

1.8	If yes, by whom is it taught?	1. Teachers 2. School Clubs 3. School Mini-Media 4. Reading Materials 5. Other, please specify _____	
1.9	Did you start menstruation?	1. Yes 2. No →	If No, Go to Section 2
1.10	At what age did you start menstruation?	1. Age: _____ years old	
1.11	Were you aware about menstruation during menarche?	1. Yes 2. No →	If No, skip 1.12
1.12	If yes to question 1.10, from what source did you learn about menstruation? (circle all that apply)	1. Family 2. Friends 3. Radio 4. Reading 5. School 6. Other, please specify_____	
Section 2: Student Awareness Regarding Menstruation			
2.1	What is menstruation called in your local language? (circle all that apply)	1. Adif/Turre =Menstruation 2. Period- Ye War Ababa 3. Disease 4. Natural Process 5. Other, please specify _____	
2.2	What causes menstruation?	1. It is a physiological process 2. It is caused by sin 3. It is a curse from God 4. It is caused by a disease 5. I don't know	
2.3	From which organ do you think menstrual blood comes from?	1. Uterus 2. Stomach 3. I don't know 4. Other, please specify_____	
2.4	Do you think menstruation is a secret?	1. Yes 2. No →	If No, skip 2.5
2.5	Why do you think menstruation is a secret?	1. Due to culture and beliefs of society 2. Due to religion 3. Due to taboos 4. Other, please specify _____	

2.6	Do you feel free to discuss with your family or friends about menstruation?	1. Yes 2. No →	If No, skip 2.7
2.7	If yes, what are the issues you are discussing?	1. About Menstrual Hygiene Practice 2. About the use of sanitary pads 3. Other, please specify _____	
2.8	If you don't feel free to discuss menstruation, why? (circle all that apply)	1. Shame 2. Fear 3. Culturally Taboo 4. Not habitual 5. Religion 6. Other, please specify _____	
2.9	What type of absorbent material should be used during menstruation? (circle all that apply)	1. Disposable sanitary pads 2. Reusable sanitary pads 3. Rags or cloth 4. Leaves 5. Other (please specify) _____	
Section 3: Student Awareness Regarding Menstruation Practice			
3.1	Do you use any sanitary materials to manage your menstruation?	1. Yes 2. No →	If No, skip Section 3
3.2	What type/s of materials do you use? (circle all that apply)	1. Disposable sanitary pads 2. Disposable pieces of rags/cloths 3. Reusable cloth/sanitary pads 4. Paper/toilet paper 5. Other, please specify _____	
3.3	If you use reusable sanitary materials, where do you put/ keep them after using or washing them? (circle all that apply)	1. Hidden place 2. Under the mattress of a bed 3. Inside a cabinet 4. Inside a plastic bag 5. Other, please specify_____	
3.4	If you put it in a hidden place, why? (circle all that apply)	1. Shame/disgrace 2. Soiling/ dirtiness of the material 3. Taboos 4. Other, please specify _____	
3.5	Where do you dry your reusable sanitary pads?	1. Open sunlight 2. Hidden place 3. Other, please specify_____	
3.6	How often do you clean your external genital area during your period?	1. Once a day 2. Twice a day 3. More than twice a day 4. I don't wash daily	

3.7	What do you use to clean your external genital area?	1. Water only 2. Soap and water 3. Other, please specify_____	
3.8	During your menstruation, do you feel any discomfort on your skin/ external genital region?	1. Yes 2. No →	If No, skip 3.9
3.9	If yes, what type of discomfort do you feel? (circle all that apply)	1. Skin burning 2. Skin itching 3. Urinary infections 4. Other, please specify_____	
3.10	Do you have cramps/menstrual pain during menstruation?	1. Yes 2. No	
3.11	Do you think your school provides you privacy during your menstruation?	1. Yes → 2. No	If Yes, Skip 3.12
3.12	Why do you think your privacy is not maintained at your school? (circle all that apply)	1. Lack of toilet 2. Shared toilet for male and female 3. Lack of door and lock for toilet 4. Lack of water in toilet facility 5. Other, please specify_____	
Section 4: Sanitation and Hygiene Facilities in Schools			
4.1	Do you have a toilet facility in your school?	1. Yes 2. No →	If No, skip 4.2 and 4.3
4.2	If you answer is yes for 4.1, does your toilet have water?	1.Yes 2. No	
4.3	If your answer is yes for 4.1, does the school have a separate toilet for girls and boys?	1. Yes 2. No	
4.4 4,2	If your answer is no for 4.1, what other alternatives do you use during your menstruation at school?	1. Remain at home 2. Use a bush or open area 3. Other, please specify _____	
4.5	Does the school have a separate room for menstruating girls to change their sanitary materials?	1. Yes 2. No	
4.6	At school, how do you dispose of the used sanitary materials? (circle all that apply)	1. Throw in latrine 2. Throw in burn bin 3. Throw away in trash bin 4. Wash and re-use 5. Take home	

Section 5: Awareness of Sanitary Materials			
5.1	Do you know of the different types of sanitary pads at your local shop?	1. Yes 2. No →	If No, go to section 6
5.2	If your answer is yes for 5.1, what types of disposable sanitary pads do you know of? (circle all that apply)	1. Eve 2. Comfort 3. Flexi 4. Other, please specify_____	
5.3	Do they carry disposable sanitary pads at your local market/ shop?	1. Yes 2. No	
5.4	Have you ever purchased disposable sanitary pads from your local market/shop?	1. Yes → 2. No	If Yes, skip 5.5
5.5	If no for 5.4, why have you not purchased them?	1. Too expensive 2. Pads do not last long 3. Both A&B 4. I have not reached menarche	
5.6	If you do not purchase them yourself, who provides you with sanitary materials?	1. Parents/family 2. School 3. NGOs 4. Private 5. Other, please specify_____	
5.7	Are there sanitary materials at your school?	1. Yes 2. No →	If No, skip 5.8
5.8	If yes, what types of sanitary materials do they provide? (circle all that apply)	1. Emergency Menstrual pads 2. Emergency cloth pieces 3. Pain relief medication 4. Other, please specify_____	
Section 6: Effects of Menstruation on Girls Education			
6.1	What are the problems you have at school during your period? (circle all that apply)	1. Hard to concentrate 2. Feeling physically sick 3. Psychological/emotional effects 4. Lack of changing room 5. Lack of water in your toilet facility 6. Absent from school 7. None	
6.2	Have you missed class during your menstruation?	1. Yes 2. No →	If No, skip 6.3 and 6.4

6.3	If yes to 6.2, how many days of school do you miss?	1. 2-3 days 2. 4-5 days 3. More than a week 4. Not full days, but class periods	
6.4	If yes to 6.2, Why do you miss school? (circle all that apply)	1. Lack of changing room 2. Lack of water in toilet facility 3. Unable to walk to school 4. Fear of leaking 5. Ashamed	
6.5	Do you ever face problems related to your menstruation?	1. Yes 2. No →	If No, skip 6.6
6.6	If yes for 6.5, what problems have you faced?	1. Isolation 2. Insults 3. Discrimination 4. Other, please specify_____	
6.7	Do you know any one who has faced problems related to menses?	1. Yes 2. No →	If No, end
6.8	If yes, what are they?	1. Isolation 2. Insult 3. Discrimination 4. Other, please specify_____	

Thank you for your cooperation!
Best, Saba Alemayehu!

Amharic Version of the Questionnaire

በወርአበባንጽህናአጠባበቅላይየሚደረግየቅድመመለኪያጥናት
የጥናቱዓላማ - ከ 7ኛ -
12ኛክፍልየሚገኙሴትተማሪዎችበወርአበባንጽህናአጠባበቅያላቸውንግንዛቤልምድና
አካባቢያዊሁኔታዎችለመለካትየሚደረግየመነሻጥናትነው::

- መልስሰጭዎችስማችሁንመጻፍአይኖርባችሁም::
- መጠይቁበፈቃደኝነትየሚሞላነው::
- ይህመጠይቅየሚያገለግለውበወርአበባንጽህናአጠባበቅላይለሚሰራፕሮጀክትብቻነው::

ክልል_____
ወረዳ_____
የት/ቤቱስም_____

ቁጥር	ጥያቄዎች	ኮድ	
	1: አጠቃላይመረጃ		
1.1	ዕድሜሽስንትነው?	_____ዓመት	
1.2	የትምህርትደረጃ?	_____ክፍል	
1.3	በትምህርት ወቅት የምትኖሪበት ቤትከትምህርት ቤትሽ ምን ያህል ይርቃል ?	_____ km	
1.4	ሀይማኖትሽ ምንድን ነው ?	1. ኦርቶዶክስ 2. ሙስሊም 3. ፕሮቴስታንት 4. ሌላ ካለ አብራሪ _____	
1.5	ስለየወርአበባታውቂያለሽ ?	1.አዎ 2.አላውቅም →	መልስሽአላውቅም ከሆነወደጥያቄቁጥር 1.6 እለፊ
1.6	መልስሽአዎከሆነስለወርአበባግንዛቤውን የትአገኘሽ (ከአንድበላይማክበብይቻላል)	1.ከቤተሰብ 2. ከጓደኛ 3.ከሬዲዮናከመሳሰሉት 4. በማንበብ 5.ሌላካለይገለጽ _____	
1.7	በት/ትቤታችሁውስጥስለወርአበባንጽህና ትምህርትይሰጣል ?	1.አዎ 2.የለም →	መልስሽአላውቅም ከሆነወደጥያቄቁጥር 1.8እለፊ

1.8	መልስሽአዎከሆነበማንይሰጣል?	1.ከመምህራን 2.ከት/ቤትክበባት 3.ከት/ቤትሚኒሚዲያ 4.ከተለያዩጹሁፎች 5.ሌላካለይገለጽ _____	
1.9	የወርአበባማየትጀምረሻል?	1.አዎ 2.አላየሁም →	መልስሽአላየሁምከሆነወደጥያቄቁጥር 2 እለፊ
1.10	በስንትዓመትሽየወርአበባአየሽ?	1. በ ___ ዓመቴ 2.አላስታውስም	
1.11	ለመጀመሪያጊዜባየሽበትወቅትስለወርአበባግንዛቤውነበረሽወይ?	1.-አዎ 2.አልነበረኝም →	መልስሽአላውቅምከሆነወደጥያቄቁጥር 1.12እለፊ
1.12	መልስሽአዎከሆነስለወርአበባግንዛቤውንከየትአገኘሽ (ከአንድበላይማክበብይቻላል)	1.ከቤተሰብ 2. ከጓደኛ 3.ከሬዲዮናከመሳሰሉት 4.በማንበብ 5.ከት/ቤት 6.ሌላካለይገለጽ_____	
	2: ስለወርአበባግንዛቤእናአመለካከት		
2.1	የወርአበባበአካባቢያችሁምንተብሎይጠራል? (ከአንድበላይማክበብይቻላል)	1.እድፍወይምጡሪ 2.የወርአበባ 3 በሽታ 4.የተፈጥሮጸጋ 5.ሌላካለይገለጽ_____	
2.2	የወርአበባመንስኤምንድንነውብለሽታስቢያለሽ? (ከአንድበላይማክበብይቻላል)	1.አካላዊሂደትነው 2.በሀጢያትምክንያትየሚመጣነው 3. የፈጣሪአርግማንነው 4.በበሽታየሚመጣነው 5.መንስኤውምንእንደሆነአላውቅም	
2.3	የወርአበባየሚመጣውከየትኛውየሰውነትአካልነውብለሽታስቢያለሽ ?	1.ከማህጸን 2.ከሆድ 3.አላውቅም 4.ሌላካለይገለጽ_____ -	
2.4	የወርአበባሚስጥርነውብለሽታስቢያለሽ ?	1.አዎ 2.አላስብም →	መልስሽአላስብምከሆነወደጥያቄቁጥር 2.5እለፊ
2.5	የወርአበባሚስጥርየሆነበትምክንያትምንድንነውብለሽታስቢያለሽ ? (ከንከድበላይማክበብይቻላል)	1.የአካባቢውማህበረሰብእምነትናአመለካከትስለሆነ 2.በሃይማኖታዊምክንያት 3.ነውርስለሆነ 4.ሌላካለይገለጽ_____	

2.6	ከጓደኞችሽወይምከቤተሰቦችሽጋርስለየወር አበባበግልጽትነጋገሪያለሽ ?	1.አዎ 2.የለም →	መልስሽየለምከሆነ ወደጥያቄቁጥር 2.7እለፊ
2.7	ከላይበተራቁጥር2.6ለቀረበውጥያቄመልስ ሽአዎከሆነበየትኞቹጉዳዮችላይትወያያለሽ? (ካንድበላይማክበብይቻላል)	1.ስለየወርአበባንጽህናአጠባበቅ 2.ስለየወርአበባንጽህናመጠበቂያሞዴ ስ 3.ሌላካለይገለጽ _____	
2.8	በተራቁጥር 2.6 ለቀረበውጥያቄመልስሽየለምከሆነለምን? (ካንድበላይማክበብይቻላል)	1.አሳፋሪስለሆነ 2.ስለምፈራ 3.ነውርስለሆነ 4.ስላልተለመደ 5.ሀይማኖቴስለማይፈቅድ 6.ሌላካለይገለጽ _____	
2.9	ለጥያቄቁጥር 2.9 መልስሽአዎከሆነበምንሁኔታ? (ካንድበላይማክበብይቻላል)	1.የሴቶችንመሸማቀቅናሃፍረትያስወግ ዳል 2.የሴቶችከትምህርትገበታየመቅረትች ግርይቀንሳል 3.የልጃገረዶችየትምህርትውጤትይሻ ሻላል 4.የሴቶችትምህርትየማቋረጥችግርይ ቀንሳል 5.ሌላካለይገለጽ_____	
	3፡ የወርአበባንጽህናአያያዝ		
3.1	የወርአበባሽወቅትየወርአበባንጽህናመጠ በቂያጨርቅወይምሞዴስትጠቀሚያለሽ?	1.አዎ 2. ምንምአልጠቀምም →	ከሌለ እለፊው 3
3.2	ከላይበተራቁጥር 3.1ለቀረበውጥያቄመልስሽአዎከሆነምንዓ ይነትየወርአበባንጽህናመጠበቂያትጠቀሚ ያለሽ?	1.ተጠቅሞየሚጣልየወርአበባንጽህና መጠበቂያሞዴስ 2.በየጊዜውየሚታጠብየወርአበባንጽህ ናመጠበቂያሞዴስ 3.ተጠቅሞየሚጣልቁርጥራጭጨርቅ 4. የሽንትቤትሶፍትወረቀት 5 .ሌላካለይገለጽ _____	
3.3	በወርአበባጊዜየምትጠቀሚውየሚታጠብ ጨርቅከሆነየትነውአጥበሽየምታስቀም ጭው ? (ከአንድበላይማክበብይቻላል)	1. በሰዋራቦታ 2. ከፍራሽስር 3.ከቦርሳየወይምከሳጥንውስጥ 4.በፌስታልውስጥ 5.ሌላካለይገለጽ_____	
3.4	ለጥያቄቁጥር 3.3 መልስሽበሰዋራቦታከሆነለምን?	1.ስለሚያሳፍር 2.የቆሻሻጨርቅስለሆነ 3.ነውርናሚስጥርስለሆነ 4.ሌላካለይገለጽ _____	

3.5	የወርአበባንጽህናመጠበቂያጨርቅሽንእና የውስጥሱሪሽንካጠብሻቸውበኋላየትታሰ ጫቸዋለሽ?	1.ጸሃይበሚያገኝበትግልጽቦታ 2.ድብቅበሆነቦታ 3.ሌላካለይገለጽ _____	
3.6	ውጫዊየመራቢያአካላትሽንበምንያህልግ ዜትታጠቢያለሽ ?	1.በቀንአንድግዜ 2.በቀንሁለትግዜ 3. በቀንከሁለትግዜበላይ 4. በየቀኑአልታጠብም	
3.7	በወርአበባጊዜበምንትታጠቢያለሽ ?	1.በውሀብቻ 2.በውሀናበሳሙና 3.ሌላካለይገለጽ_____	
3.8	በብልትሽአካባቢችግርገጥሞሽያውቃል?	1.አዎ 2.ምንምገጥሞኝአያውቅም →	Iመልስሽየለምከሆ ነወጂጥያቄቁጥር 3.9እለፊ
3.9	ለጥያቄቁጥር 3.7 መልስሽአዎከሆነምንአይነት?	1. ፈንገስ 2. ማሳከክ 3. የመቆጥቆጥናቆዳየመላላጥ 4. ሌላካለይገለጽ _____	
3.10	በወር አበባ ወቅት የሆድ ቁርጠት ይሰማሻል ?	1. አዎ 2. የለም	
3.11	በወርአበባጊዜበት/ቤትየግልነጻነትሽይጠበ ቃል?	1. አዎ 2. የለም	መልስሽአዎከሆነመ ጂጥያቄቁጥር 3.12እለፊ
3.12	ለጥያቄቁጥር 3.10 መልስሽአይጠበቅምከሆነለምን? (ካንድበላይማክበብይቻላል)	1.የተሟላሽንትቤትአለመኖር 2.የወንዶችናየሴቶችሽንትቤትበጋራመ ሆኑ 3.ሽንትቤቱመዝጊያስለሌለው 4.ሽንትቤትውስጥውሀአለመኖር 5. ሌላካለይገለጽ_____	
	4: ት/ቤትውስጥየንጽህናእናየመጸዳጃሁኔታ		
4.1	በት/ቤታችሁውስጥበቂየመጸዳጃእናየውሃ አቅርቦትአለወይ?	1. አዎ 2. የለም →	መልስሽአዎከሆነመ ጂጥያቄቁጥር 4.2 & 4.3እለፊ
4.2	መልስሽ አዎ ከሆነ ፤ ሽንት ቤትሽ ውሃ አለው ?	1.አዎ 2.የለም	
4.3	ለጥያቄቁጥር 4.1መልስሽአዎከሆነለሴቶችናለወንዶችተብ ሎተለየነውን ?	1.አዎ 2.የለም	

4.4	ለጥያቄቁጥር 4.1መልስሽየለምከሆነየወርአበባበምታይበ ትወቅትምንአማራጭትጠቀሚያለሽ?	1.እቤትእቀራለሁ 2.በት/ቤቱአካባቢበሚገኝሜዳወይም ጫካእጸዳዳለሁ 3. ሌላካለይገለጽ_____	
4.5	ት/ቤታችሁለሴትተማሪዎችየሚሆንየወርአ በባንጽህናመጠበቂያሞዴስ/ጨርቅመቀየሪ ያየሚሆንየተለየክፍልአለውወይ ?	1.አዎ 2.የለም	
4.6	የወርአበባንጽህናመጠበቂያየተጠቀምሽበ ትንሞዴስ/ጨርቅእንዴትታስወግጃለሽ ? (ካንድበላይማክበብይቻላል)	1.ሽንትቤትአጥለዋለሁ 2.አቃጥለዋለሁ 3.የቆሻሻመጣያውስጥአጥለዋለሁ 4.አጥቤበድጋሚእጠቀመዋለሁ 5. ወደቤትእወስደዋለሁ	
	5፡ ስለየወርአበባንጽህናመጠበቂያሞዴስ		
5.1	ተጠቅሞስለሚጣልየወርአበባንጽህናመጠ በቂያሞዴስታውቂያለሽ ?	1.አዎ 2.የለም ⟶	መልስሽአላየሁምከ ሆነወደጥያቄቁጥ ር 5 እለፊ
5.2	ለጥያቄቁጥር 5.1መልስሽአዎከሆነምንይባላል ? (ካንድበላይማክበብይቻላል)	1. ኢቭ 2.ኮምፎርት 3.ፍሌክሲ 4 .ምንአላውቅም _____	
5.3	ተጠቅሞየሚጣልየወርአበባንጽህናመጠበ ቂያሞዴስበአካባቢያችሁበገበያላይይገኛል ?	1.አዎ 2.የለም	
5.4	ለጥያቄቁጥር 5.3መልስሽአዎከሆነገዝተሸተጠቅመሽታ ውቂያለሽወይ ?	1.አዎ ⟶ 2.የለም	መልስሽአዎከሆነመ ደጥያቄቁጥር 5.5 እለፊ
5.5	ለጥያቄቁጥር 5.3መልስሽገዝቼአላውቅምከሆነለምን ? (ካንድበላይማክበብይቻላል)	1.ውድስለሆነ 2.ረጂምግዜስለማያገለግል 3.የወርአበባለማየትአልደረስኩም 4.ሌላካለይገለጽ_____	
5.6	የወርአበባንጽህናመጠበቂያሞዴስየምትጠ ቀሚከሆነማንይሰጥሻል/ይገዛልሻል ?	1 - ቤተሰብ 2 - ት/ቤቱ 3 - የበጎአድራጎትድርጅት 4 - በራሴእሸፍነዋለሁ 5. ሌላካለይገለጽ _____	
5.7	በት/ቤታችሁውስጥየወርአበባንጽህናመጠ በቂያሞዴስለሴትተማሪዎችይሰጣልወይ ?	1.አዎ 2.የለም ⟶	መልስሽአዎከሆነመ ደጥያቄቁጥር 5.8 እለፊ
5.8	ለጥያቄቁጥር 5.7መልስሽአዎከሆነምንአይነትየወርአበባን ጽህናመጠበቂያሞዴስይሰጣል ?	1 -ለድንገተኛየሚሆንሞዴስ 2 - ለድንገተኛየሚሆንቁርጥራጭጨርቅ 3 - የህመምማስታገሻ	

		4. ሌላካለይገለጽ _____	

6: የወርአበባበልጃገረድትምርትላይያለውውጤት			
6.1	በትምህርትገበታሽላይሆነሽየወርአበባሽበሚመጣበትሰዓትምንአይነትችግርይገጥምሻል? (ካንድበላይማክበብይቻላል)	1. ሀሳብን ለመሰብሰብ ያስቸግራል 2. አካላዊ ህመም ይሰማኛል 3. ስነ ልቦናዊ ጉዳት 4. የመቀየሪያ ክፍል እጥረት 5. በየሽንት ቤቶቻችን የውሃ አገልግሎት እጥረት 6. ከክፍል መቅረት 7. ምንም	
6.2	የወርአበባሽበሚመጣበትሰዓትከት/ቤትትቀሪያለሽወይ ?	1.አዎ 2.የለም ⟶	መልስሽአዎከሆነወደጥያቄቁጥር 6.3 & 6.4 እለፊ
6.3	ከላይለቀረበውጥያቄመልስሽአዎከሆነበወር ምንያህልቀንከት/ቤትትቀሪያለሽ?	1.ከ 2_3 ቀናት 2. ከ 4_ 5 ቀናት 3. ከአንድ ሳምንት በላይ 4. ሙሉ ቀን ሳይሆን በክፍል ሰዓት ብቻ	
6.4	ለ 6 .2. ጥያቄ መልሱ አዎ ከሆነ ፤ ለምንድን ነው ከክፍል የመትቀሪው? (ካንድበላይማክበብይቻላል)	1. የመቀየሪያ ክፍል እጥረት 2. በየሽንት ቤቶቻችን የውሃ አገልግሎት እጥረት 3. ወደ ትምህርት ቤት መሄድ አስቸጋሪ ስለሆነ 4. ቀሚሴን አልፎ ይታያል የሚል ስጋት 5.ሀፍረት	
6.5	በወርአበባሽግዜችግርገጥሞሽያውቃልወይ?	1.አዎ 2.የለም ⟶	መልስሽአዎከሆነወደጥያቄቁጥር 6.6 እለፊ
6.6	መልስሽአዎከሆነምንዓይነትችግርገጥሞሽያውቃል ?	1.ራስንመገለል 2.ስድብ 3.በሌሎችመገለል 4.ሌላካለይገለጽ_____	
6.7	ከወርአበባጋርበተያያዘችግርየገጠማቸውሴቶችንታውቂያለሽ ?	1.አዎ 2.የለም ⟶	መልስሽአዎከሆነወደጥያቄቁጥር 6.8 እለፊ
6.8	መልስሽአዎከሆነምንዓይነትችግርገጥሟቸዋል ?	1.ራስንመገለል 2.ስድብ 3.በሌሎችመገለል 4.ሌላካለይገለጽ_____	

Assent Form

Dear Student,

I am asking your permission to be part of a study and take a questionnaire and to discuss menstrual hygiene management and how it affects you and your attendance at school.

I want to find out the reasons why it might be difficult for girls, like you, to attend school during menstruation and what we as a community we can do to help improve menstrual hygiene management in schools and improve your attendance.

During the entire time you will participate, I will have an Amharic translator who will be there for you to ask any questions you have. The translator and I will guide you through each question, step by step. We will ask you question about menstrual hygiene and if at any time you do not want to answer a question or do not want continue, you can stop and you will not be penalized.

Everything you say or answers you give will be confidential. That means, that no one from your school or related to you will see your answers. I will be the only one who will see you answers and I will not discuss your answers with anyone from your school or related to you.

The questions we will ask are only about what you think. There are no right or wrong answers because this is not a test.

I might also be interested in recording our group discussion, only to help me have it correctly translated. I will not ask your name during the recording, so no one will know who you are.

If you would like to be part of this study you can sign this paper. If you do not want to be part of the study you do not have to sign this paper. Being in this study is up to you, and no on e will be upset if you don't sign this paper or if you change your mind later.

Your Signature_____ Date_____

Your printed Name _____ Date_____

Signature of person obtaining consent_____ Date_____

Printed name of person obtaining consent_____ Date_____

Appendix B: Focus Group Discussion Questions

Focus Group Discussion questions for Female Students:

1. What is the cause of menstruation?
2. Are there separate and safe toilets for girls and boys in your school?
3. How is Menstrual Hygiene Management practiced in your school?
4. What role do teachers and parents play in addressing Menstrual Hygiene Management?
5. What are the cultural barriers and taboos about menstruation?
6. What are the key challenges you face during your menstruation?
7. How is menstruation affecting your school attendance?
8. What do you think can be done to help you better manage your menstruation at school?

Focus Group Discussion questions for School Principal and Teachers:

1. What are the cultural barriers and taboos about menstruation?
2. Does your school provide information on menstrual issues to schoolgirls pre-menarche and after menstruation?
3. Is there a Menstrual Hygiene Management program/curriculum at your school? If yes, what activities/programs does your school provide?
4. Does your school have a budget allocated for Menstrual Hygiene Management? If yes, what to they supply?
5. Do you think poor Menstrual Hygiene Management is affecting female students education and attendance?
6. What is your suggestion towards improving Menstrual Hygiene Management at your school?

Appendix C: Observation Sanitation Facility Check List

Category	Available	Not Available
Doors		
Locks for doors		
Sinks		
Water Available		
Soap in the Washroom		
Changing room		
Basins/Buckets		
Sickbay		
Disposable area for pads		

Appendix D: MHM Training Materials

WORLD AIDS DAY

DECEMBER 1st

Reproductive Health Toolkit

Brought to you by:

PEACE CORPS ETHIOPIA GAD

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SESSION 1: PUBERTY AND ADOLESCENCE BASICS I

From "Girls Mentoring Guide" by USAID and "Choose a Future!" by CEDPA

TIME: 1 hour

MATERIALS:

- Tape
- Slips of paper and jar/box for anonymous questions
- Attendance sheet and pen
- Nametags from previous week + additional ones for new members
- Posters titled: "What is puberty?"
  "What kind of changes do girls and boys experience during puberty?"
  "What is adolescence?"
  "4 Kinds of Changes" (with physical, mental, emotional, & social definitions)

GROWING UP ENERGIZER: (15 minutes)

Slowly say the following, pausing along the way to allow participants to create clear pictures in their minds:

"Think back to just a few years ago when you would consider yourself younger, more of a 'kid' and not yet a teenager. You might even want to close your eyes to get a really good picture of yourself. (pause) Think about what you looked like, how you wore your hair, games that you played, who your closest friends were, stories you read (or the stories that your parents or grandparents, or community elders told to you) and music you listened to. (pause) Think about how you spent most of your time. (pause) If you were in school, who was your teacher? What did you do in school? What did you study and learn? (pause)

Now pretend that your younger self is standing next to you. You are going to compare your present self to her or him. I'm going to make a few statements, say a few things aloud one at a time, and if that describes changes you have made, jump up and shout 'That's Me!' Once you have jumped up, stay standing for a moment so everyone else can see that you have jumped to your feet. Then sit down and wait for the next statement."

Choose from the list of the following statements to read aloud, one at a time. You can ask for more details when participants are standing. For example, if they identify that their taste in music has changed, you can ask them what they used to like and what they like now.

- "You are taller."
- "You have different friends."
- "Your taste in music has changed." (And/or taste in books, movies, television show…)
- "You play different games."
- "You spend more time in school."
- "You weigh more than you used to."
- "Your body has changed shape."
- "Your voice is deeper."
- "You look more like an adult."
- "You work more and play less."
- "You have different chores or responsibilities at home."

- "What you want to do when you grow up has changed."
- "You like to do different things in your free time."
- "School is harder."
- "Life feels more important, more serious."

Summarize by saying:

"You used to be a kid and you behaved differently and now your life has likely changed some. You are becoming – or will soon become – more and more like an adult. For some of us this happens sooner than others. Either way, it is OK. Each person changes differently, and at different times. It might feel like you are in between two phases of your life. This time in your life is called 'adolescence.' During this time, your body changes and the way you spend your time can change too. You might even be seriously thinking about how you want your life to be when you are grown up. Maybe you are even making plans for being an adult, like studying more in school or working more. This can be a sensitive time when you might get sad or angry more quickly or your mood seems to change a lot. We'll talk more about this. So don't worry. We are all in this together."

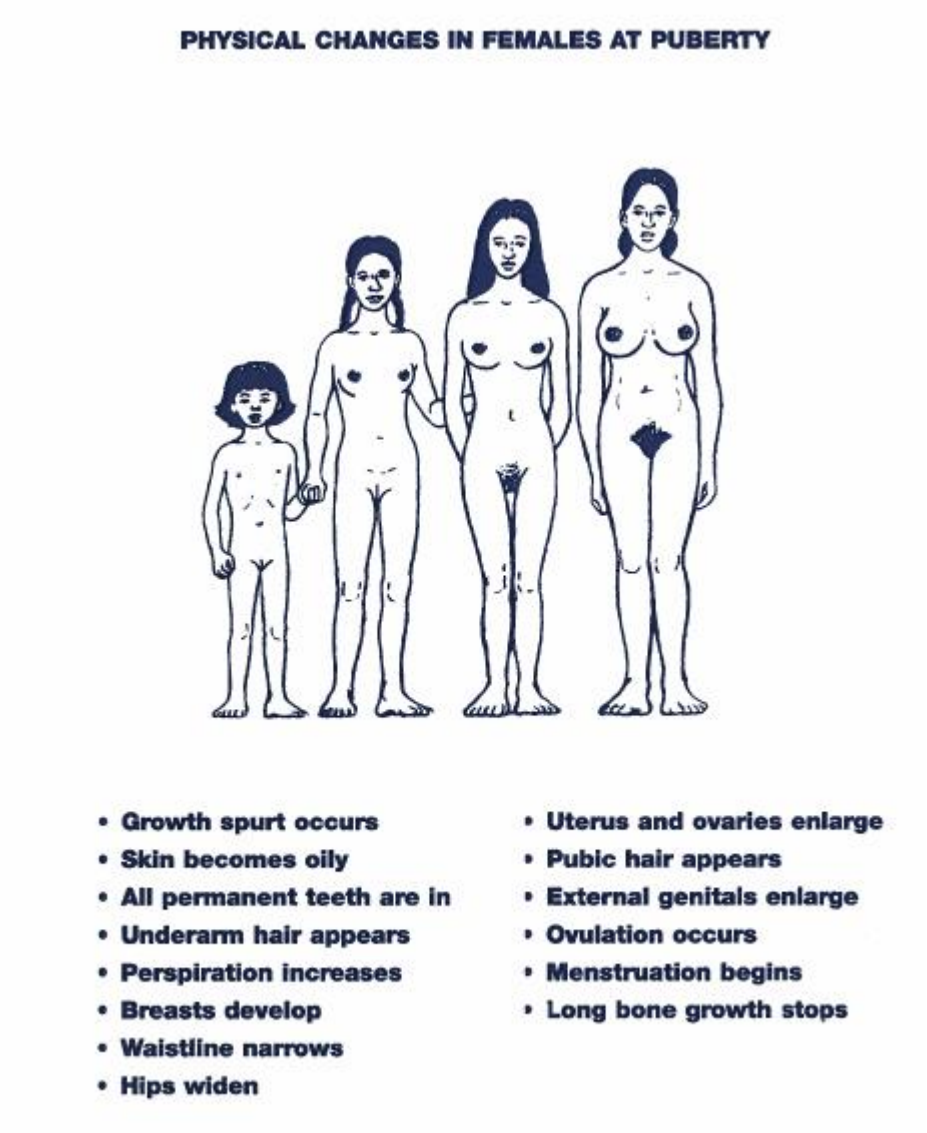
PUBERTY BRAINSTORM: (20 minutes)

Ask students to define puberty. (Optional: divide girls and boys into separate groups for this portion).

Ask: "What happens during puberty? What physical changes can happen to girls and boys? What other changes can occur, such as emotional changes, changes in family relationships, and changes with friends?" Write their responses down before revealing the following definition:

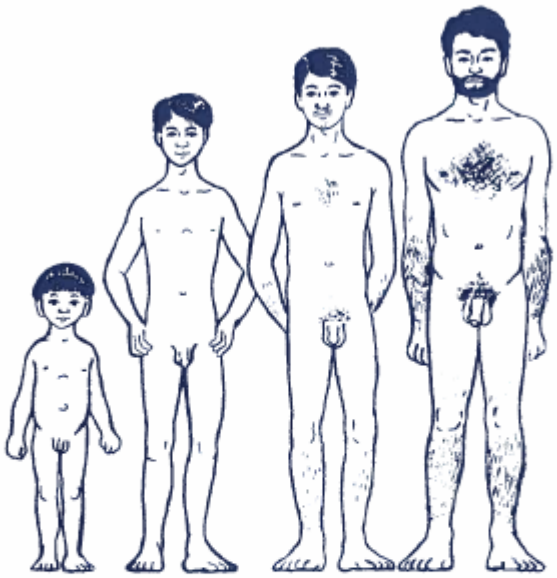
> **Puberty:** The time of life when a girl's body develops into a woman and a boy's body develops into a man. These changes usually begin around 10-11 years old and continue until about 17-21 years old. Boys may experience puberty later than girls.

During Puberty:
Girls: breasts develop, hair appears under arms, pubic hair appears, ovulation and menstruation begin, growth spurt occurs, hips usually become larger, vaginal secretion may begin.



Boys: hair appears under arms and on chest, growth spurt occurs, pubic hair appears, sexual organs enlarge, voice deepens, shoulders broaden, sperm production and ejaculation begin.

PHYSICAL CHANGES IN MALES AT PUBERTY



- **Growth spurt occurs**
- **Hairline begins to recede**
- **Skin becomes oily**
- **All permanent teeth are in**
- **Larynx (voice box) enlarges, voice deepens**
- **Facial hair appears**
- **Shoulders broaden**
- **Underarm and chest hair appears**
- **Perspiration increases**
- **Muscles develop**
- **Pubic hair appears**
- **Penis and testes enlarge**
- **Sperm production begins**
- **Ejaculation occurs**
- **Long bone growth stops**

In addition to physical changes, explain that as our bodies change we also experience changes in our feelings. Ask participants to discuss what kind of changes they might experience at this time. Make a list of the participant's responses on the board. Explain it is normal to have these feelings and to experience anxiety and confusion about all the changes going on in our bodies and minds. (*Possible responses: emotions change very rapidly, interested in different things, spend more time with friends than family members, increased desire to be independent, feeling that no one understands you, and increased feelings of sexual attraction.)*

Ask participants to discuss if these changes (physical, emotional, social) are easy or difficult. This will allow participants to share experiences with peers and realize these changes affect everyone.

ADOLESCENCE BRAINSTORM: (15 minutes)
Next, ask participants to define adolescence and lead a discussion about adolescence using the following questions to guide the conversation:

> **Adolescence:** A period of physical and psychological development that marks the transition from dependent child to independently functioning adult. Its onset is puberty and lasts until maturity.

Explain to participants that they may feel or experience different pressure during puberty. Ask participants: "What are some of the pressures of adolescence?" *(Possible answers: to have a boyfriend or not to have a boyfriend, to be attractive, to drop out of school, to marry, to control our behavior.)*

Ask participants: "What are some of the things that cause these pressures?" *(Possible responses: family, community, religion, and media.)*

SUMMARY: (10 minutes)
Explain the connection between the changes one might expect during adolescence and the assets one might have that would make those changes easier. Say:

"Adolescence, as we discussed, is a time of transition from childhood to adulthood. Between the ages of 10 and 21 we all experience changes that are:

1. Physical – meaning in our bodies;
2. Mental – meaning to our way of thinking and our minds;
3. Emotional – meaning the way we feel and our moods, and;
4. Social – meaning how we are with other people, including our families and others in the community."

"We each go through changes in our own time at our own rate. Some of us experience certain changes more intensely than others might, but along the way everyone has troubles and challenges to deal with. You can see the changes a person experiences as she or he develops and grows older. Some changes happen early in adolescence, some later, and each of us experiences them at slightly different times. In fact, one person might experience physical changes very early but experience mental changes very late. And for another person it could be just the opposite. One change might happen quickly and then another change might not happen for a while longer and that change might take a long time to fully develop. Some changes might occur together. There isn't a set way that changes happen and it is different for every person."

SESSION 2: PUBERTY AND ADOLESCENCE BASICS II

Excerpts from "Mentoring Guide for Life Skills" by AED Center for Gender Equity

TIME: 1 hour

MATERIALS:

- Tape
- Slips of paper and jar/box for anonymous questions
- Attendance sheet and pen
- Nametags from previous week + additional ones for new members
- One paper with "True" written on it, another with "False" written on it
- Printed/written out scenarios without answers

PUBERTY TRUE/FALSE ENERGIZER: (15 minutes)

Hang two pieces of paper with the words 'True' and 'False' on opposite sides of the wall with tape. Make sure that there is a large distance between the two papers or letters.

Ask the participants to stand in the center of the open areas between the two signs. Explain to participants that you will read a statement (provided below) and they will need to decide whether it is true or false and walk to the appropriate side of the room.

Once participants have moved to one or both sides, ask them why they believe that the statement is true or false. Before providing the correct answer, allow the participants to discuss if they have different opinions. If the participants change their minds during the discussion, let them know that they can switch sides. **Make sure to emphasize the correct answer for each statement.**

- Puberty happens to girls only. *(False. Both girls and boys experience puberty but in somewhat different ways.)*
- Some girls grow shorter during puberty. *(False. Girls grow taller during puberty.)*
- During puberty, girls and boys begin to develop into more responsible adults. *(True. Puberty is a time when girls and boys start to become adults in their bodies and minds.)*
- Girls' and boys' bodies produce hormones naturally. *(True. Everyone produces hormones naturally.)*
- Girls' and boys' bodies produce the same kind of hormones *(False. Girls and boys produce different hormones and at different rates.)*
- Hormones are responsible for some physical and emotional changes. *(True. Hormones affect changes in girls' and boys' bodies and minds.)*
- During puberty, hormones help a girl's body to become ready for having children. *(True. Part of becoming an adult is physical changes that prepare girls for having children.)*
- Emotional and physical changes are the same for girls and boys. *(False. Girls and boys experience changes differently.)*
- Puberty means that girls are emotionally and physically ready to have babies. *(False. Even if a girl's body is ready to have babies, she may still have a lot of growing to do in her mind before she would be a good mother.)*

- When it comes to making choices about having sex, a girl or a boy should be able to choose for herself or himself instead of having someone else decide for her or him. *(True. Girls and boys are responsible for their own bodies and should only have sex if they are ready.)*

GROUP SCENARIO DISCUSSION: (20 minutes)
Divide the class into groups of 5 or 6 students and give one scenario card to each group. Tell the class:

"This card explains a situation about people who are experiencing changes during adolescence. Ask someone in your group to read the story aloud. Then, as a group, decide what changes the person is experiencing. Each situation is just the beginning of a bigger story so feel free to make guesses about any details that are missing."

Scenarios:

- Temesgen has been feeling more self-conscious than ever before. It seems that other students are whispering about him or watching as he walks to school or to the shop. Why are people always looking at him? Are his clothes dirty? Is his hair a mess? It's as if he were from the moon or something. Sometimes it makes him really mad but other times he just doesn't care.
    - *Possible answers: He is self-consciousness. Thinking that people are watching him or talking about him suggests an early adolescent stage emotionally. That he might be "from the moon" reinforces this. Sometimes he cares; sometimes he doesn't, which suggests moodiness. Assets that may be helpful: Feeling good about oneself; interacting effectively with others.*
- Mohammed has always been a bit shorter than his friends, but suddenly things are different. As if overnight, everyone seems to have grown taller. Now he has to tilt his head up to look at his best friend! Girls in his neighborhood are even taller than the boys and they don't want to talk to him anymore. He used to have fun playing football with the other boys but now they are too fast. Will he ever grow up?
    - *Possible answers: The early physical adolescent stage is suggested by Mohammed not having had a growth spurt while his friends have. Concern that he will never grow up suggests an early stage emotionally. Assets that may be helpful: Feeling good about oneself; interacting effectively with others.*
- Tigist's parents have become very demanding lately. They always complain to her about the clothes she wears, who she spends time with, and how late she stays out at night. Last week she had a big argument with her parents and they locked her in the house for the night. Why are they trying to run her life? They can hardly take care of themselves. Her father nearly lost his job last week! At least Tigist has good friends.
    - *Possible answers: Tigist is beginning to distance herself from her parents by becoming critical of them. She is beginning to be more invested in her peers. She is probably in the early to middle adolescent stage socially. Assets that may be helpful: Interacting effectively with others; knowing adults who can help.*

- Abraham had a great idea last night. He could offer to repair the fence at the orphanage. Maybe they would ask him to do other work. It might even turn into a regular job since they also have a school and community center. His girlfriend, Mekia, would be pleased. With the extra money, they could begin saving for their future. Mekia's more mature than his other girlfriends were. It makes Abraham proud to be with someone who is so sensible.
    - *Possible answers: Mentally, Abraham is mature in that he is able to think through an idea and he has well-defined work habits and is able to focus on the future. Emotionally, his relationship to Mekia also sounds mature. Assets that may be helpful: Making decisions and following up on them; feeling good about oneself and one's future.*
- Meiraf has been feeling confused and anxious lately. For a while she thought Tadesse really liked her, but today he didn't even say hello! Well, maybe she doesn't like him so much either! Besides this, her mother has been pressuring her to stay in school while her uncle wants her to help out at the automobile repair shop. Meanwhile she could be hanging out with her friends! How did life become so complicated? And what's the purpose of it all?
    - *Meiraf is in middle to late adolescence. Emotionally, she experiences extreme feelings toward Tadesse. Mentally, she is beginning to think about future goals and is wondering about the meaning of her life. Assets that may be helpful: Knowing adults who can help; interacting effectively with others.*

BIG GROUP DEBRIEF: (25 minutes)
Form a large circle for a discussion. Select from the following questions:

- Do any of these stories sound similar to people you know? Which one(s)?
- What is something one of the characters experienced that is similar to things you have experienced?
- Which people in the stories are dealing well with the changes they are experiencing?
- Which people in the stories have made the most progress toward adulthood?
- Which people in the stories have made progress in one area but not as much in another?
- To what degree do you think the people in the stories are aware of the changes that happen during adolescence?
- Of all the changes during adolescence, which do you think are most difficult to deal with and why?

Conclude the activity by saying: "We may not be aware of all the complex changes going on inside ourselves, just like we may not know what is happening in each room of a house at any given moment. Becoming more aware of the changes that might be happening inside helps us anticipate and keep our 'house' in order. We can use our assets, and develop other assets, to help."

SESSION 3: SEXUALITY

From "Life Planning Education" by Advocates for Youth and "Choose a Future" by CEDPA
TIME: 50 minutes
MATERIALS:

- Tape
- Slips of paper and jar/box for anonymous questions
- Attendance sheet and pen
- Nametags from previous week + additional ones for new members
- Chart with two columns (one that says "Arguments for having sexual intercourse" and one that says "Arguments for waiting to have sexual intercourse")
- 5 pieces of paper and 3 pens

INTRODUCTION TO SEXUALITY: (20 minutes)
Write the word "sexuality" on the board. Ask for definitions and write the responses on the board.

Divide the class into three groups and give each group a sheet of paper and a pen. Each group will have a different assignment. Group 1 will list what their parents have said about sexuality. Group 2 will list what their friends have said about sexuality. Group 3 will list about what they have seen or heard about sexuality through the entertainment media—movies, music, magazines, and television. Clarify that it is acceptable to list whatever they have heard. There are no right or wrong answers in this activity. You can offer suggestions like parents might say "sex should wait for marriage" and friends might say "everyone is having sex" and media might say "you'll be sexier if you use our product."
Each group will share its finished list with the others.

Discuss:

- How are the messages from parents, friends, and the media similar? Different? Why do you think that is so?
- Which messages do you agree with? Disagree with?
- Can you think of any sexuality messages you have heard from other sources, such as religious teaching, romantic partners, or health teachers?
- If you were a parent, what is the most important sexuality message you would give your child?
- Are there messages you think are incorrect and that you want more information about?

Conclude: "We are continually exposed to messages about sexuality from a young age. These messages come from diverse sources and often differ in content depending on where they come from. Often, family and religious institutions will have certain views about sexuality that may differ from those communicated by peers and the media. Messages about sexuality, regardless of the source, communicate different attitudes and expectations depending on whether the subjects are women or men. Often messages, whether from parents, peers, religious institutions, or the media, communicate traditional gender norms and stereotypes

regarding sexuality. It is important that you critically assess the messages you are exposed to and seek out information that is reliable."

Point out that "s-e-x" are only three letters of the word "sexuality." Sexuality is much more than sexual feelings or sexual intercourse. It is an important part of who a person is and what she or he will become. It includes all the feelings, thoughts, and behaviors of being female or male, being attractive, and being in love, as well as being in relationships that include sexual intimacy and physical sexual activity.

CHOOSING TO HAVE SEX: (30 minutes)
Say: "One of the hardest decisions most teenagers have to make is whether to have sexual intercourse. Failure to make good decisions about sex is one reason so many teens have unplanned pregnancies and/or become infected with sexually transmitted diseases, including HIV/AIDS. Girls and boys can be close friends without engaging in sexual activity or intimacy. Sexual intimacy can be part of a close relationship between a woman and a man, but as we have discussed you can have sexual intimacy without having intercourse. You can hug, hold hands, and share your emotions to feel close to another person. If you do choose to have sexual intercourse, you should make informed decisions. Sexual intercourse can result in pregnancy or sexually transmitted diseases, so you should use modern family planning methods, especially condoms. Remember, women and men have the right to make informed decisions on the number and spacing of their children, for the health of themselves and for the health of those children."

Have the group imagine a couple their age who are struggling with this decision: one person wants to wait and the other wants to have sexual intercourse now. What are the arguments each person might use?

Break the class into two groups and give each group a piece of paper, a pen, and 10-15 minutes to brainstorm. One group should think of arguments for having sexual intercourse as a teenager and the other should think of arguments for waiting to have sexual intercourse. Bring the class back together and ask them to present their answers to the other group. Write each group's answers on a large flipchart paper. You can also add some of the following possible responses if students do not mention them:

Arguments for having sexual intercourse as a teenager:	Arguments for waiting to have sexual intercourse as a teenager:
- To stop pressure from friends/partner - To communicate loving feelings in a relationship - To avoid loneliness - To prove her/his womanhood/manhood - To get affection or feel loved - To receive and give pleasure	- To follow religious beliefs or personal or family values - To be ready for intercourse - To keep a romantic relationship from changing - Fear that it will hurt - To avoid pregnancy - To avoid STDs and HIV infection

- To show independence from parents and other adults - The belief that everyone is doing it - Not knowing how to say “no” - To hold onto a partner - To prove one is an adult - To become a parent - To satisfy curiosity	- To avoid hurting parents - To avoid hurting reputation - To avoid feeling guilty - To reach future goals - To find the right partner - To wait for marriage

Discussion:

- What influences the decision about whether to have sex as a teenager?
- What are the best arguments for having sexual intercourse as a teenager? For waiting?
- Is this decision similar to or different from other decisions teenagers have to make?
- Can someone who decided to wait change her or his mind? Why? What about the reverse: can someone who has previously had sexual intercourse decide to stop for now?
- What is the worst thing to say to a teen who says “no”? One who says “yes”?
- What does a teenager need to know if she or he is going to say no to sexual intercourse? *(Feeling good about themselves, being assertive, communicating clearly, following through with a decision, combating peer and partner pressure.)*
- What does a teenager need to know if she or he is going to say yes? *(Risks of pregnancy and/or STDs and HIV infection; how to talk with a partner about using condoms or other contraception; which forms of contraceptives; how to communicate with a partner; how to feel good about themselves; how to be assertive and so on.)*

SESSION 4: REPRODUCTIVE HEALTH ANATOMY

Excerpts from "Life Planning Education" by Advocates for Youth

TIME: 1 hour

MATERIALS:

- Tape
- Slips of paper and jar/box for anonymous questions
- Attendance sheet and pen
- Nametags from previous week + additional ones for new members

LEADER PREPARATION:

- Draw the female and male reproductive systems on large posters with lines pointing to body parts without the terms (internal and external for both female and male—4 posters total)
- Write out small cards with names of 13 male and 12 female anatomy parts and their functions
- Make a poster with the terms used to explain sexual intercourse

ENERGIZER: (15 minutes)

It's really important to get students comfortable so start with an energizer that gets them laughing and out of their shells.

Don't forget to point out the jar and the slips of paper so students can ask questions anonymously.

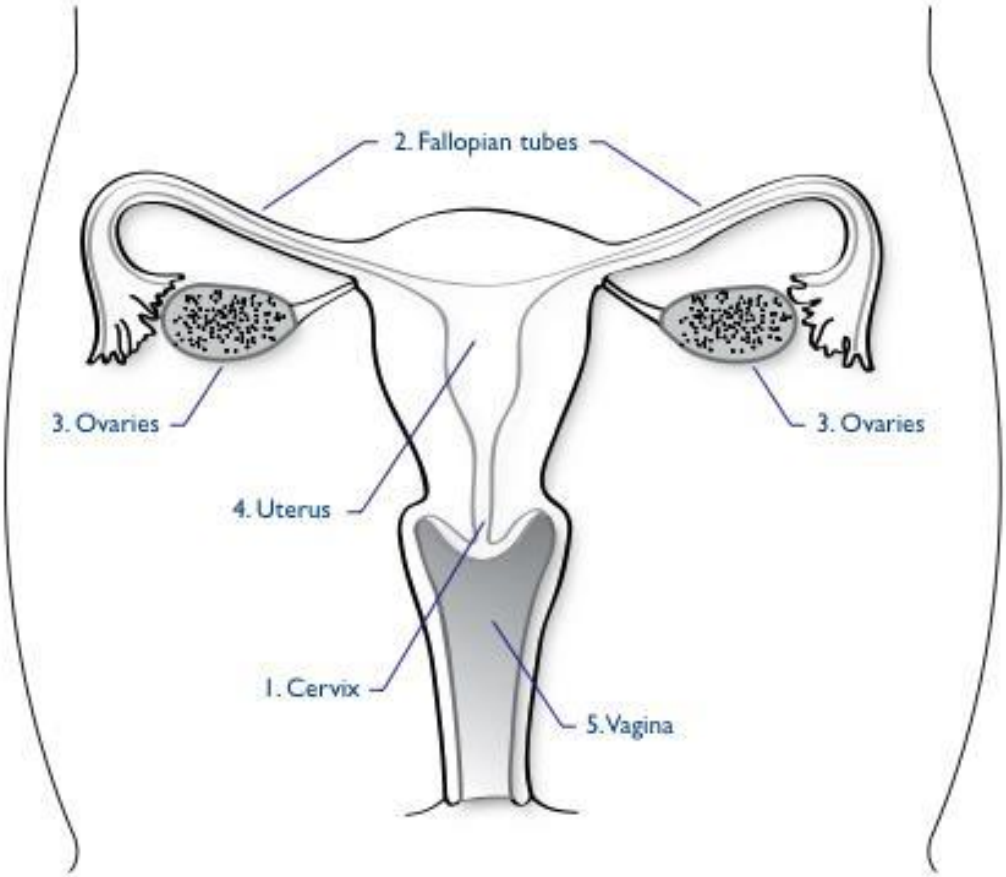
ANATOMY MATCHING: (20 minutes)

Introduce the next activity by explaining that you are going to see how much students know about women's and men's bodies. Explain that it is important for girls and boys to know about both their own bodies and those of the opposite sex so that they can avoid negative outcomes such as unwanted pregnancies and sexually transmitted infections such as HIV/AIDS. Tell them that knowing this information will also make them more responsible wives and husbands and mothers and fathers later in life.

Divide students into two groups. Give one group the pieces of paper with the names and descriptions for the male reproductive system. Give the other group the set of pieces of paper with the names and descriptions for the female reproductive system. Draw the reproductive system diagrams (see below) on the board or hang up your premade posters.

Ask the groups to present each body part with its function or description. Then ask them to identify the body part on the large diagram and to come to the chalkboard or flipchart and tape the papers with the name and description onto the correct spot on the diagram. Invite the participants to ask questions. It is okay if students do not know where to place the names and descriptions, the class will learn together.

WOMEN'S REPRODUCTIVE SYSTEM



Women's Anatomy Terms

1) **Cervix:** The lower, narrow portion of the uterus, which opens into the vagina

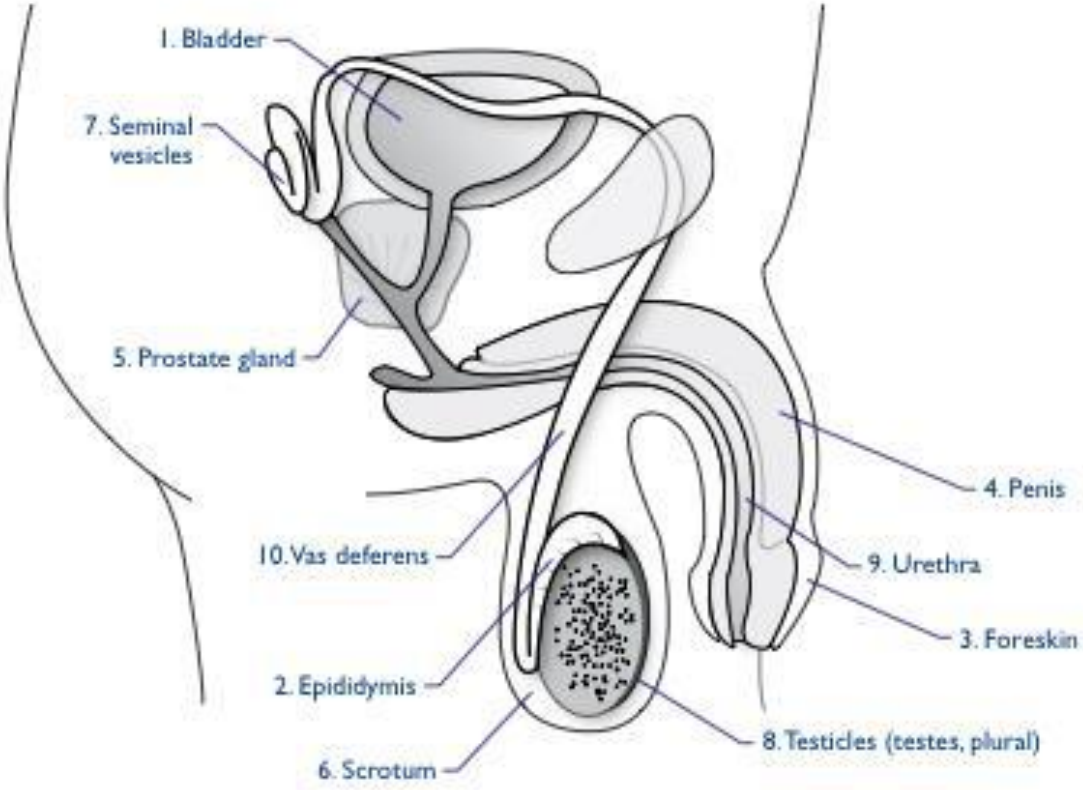
2) **Fallopian tubes:** Tubes that carry the egg from the ovaries to the uterus

3) **Ovaries:** Two glands that contain thousands of eggs

4) **Uterus:** Small, hollow, muscular organ where the fetus develops before birth

5) **Vagina:** The passageway from the uterus to the outside of the body

MEN'S REPRODUCTIVE SYSTEM



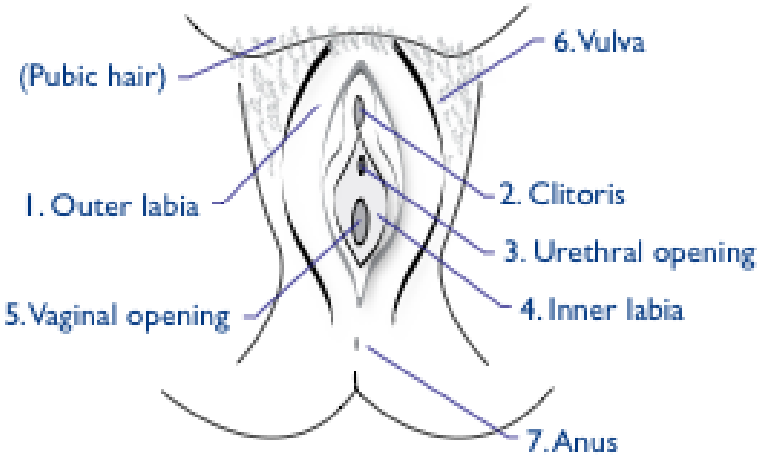
Men's Anatomy Terms

1) **Bladder:** Sac where urine is stored before leaving the body
2) **Epididymis:** Organ where sperm mature after they are produced in the testicles
3) **Foreskin:** The skin that covers the head of the penis
4) **Penis:** External male organ through which semen or urine leaves the body
5) **Prostate gland:** Gland that produces a thin, milky fluid that enables the sperm to swim and become part of the semen
6) **Scrotum:** Pouch of skin behind the penis that holds the testicles
7) **Seminal vesicles:** Small glands that produce a thick, sticky fluid that provides energy for sperm
8) **Testicles (testes, plural):** Male reproductive glands that produce sperm. They also produce a hormone called testosterone, which is responsible for male characteristics such as facial hair, tone of voice, and muscles.
9) **Urethra:** Canal that carries urine from the bladder (the place where urine is collected in the body) and sperm from the testicles to the opening at the end of the penis
10) **Vas deferens:** A long, thin tube that transports sperm away from the epididymis

HANDOUT 10:

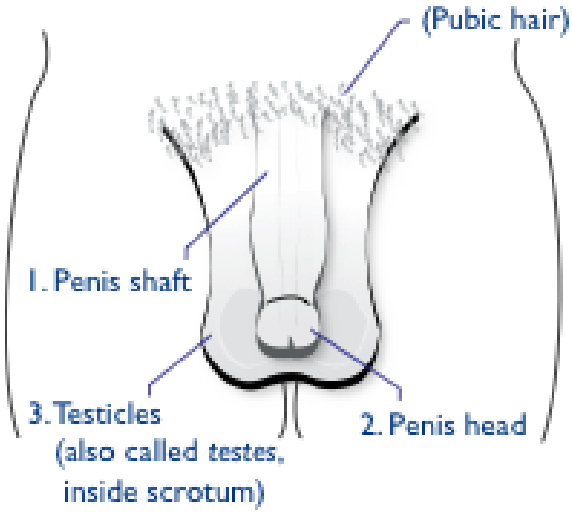
EXTERNAL REPRODUCTIVE ANATOMY

FEMALE



1. **Outer labia:** Two rounded folds of tissue surrounding the vaginal opening
2. **Clitoris:** Small organ responsible for female sexual pleasure
3. **Urethral opening:** Opening through which urine leaves the body
4. **Inner labia:** Narrow folds of tissue inside the outer labia
5. **Vaginal opening:** Opening leading to the vagina
6. **Vulva:** External female genitalia including the labia, clitoris, and vaginal opening
7. **Anus:** Opening through which fecal matter leaves the body

MALE



1. **Penis shaft**
2. **Penis head**
3. **Testicles (inside scrotum)**

REPRODUCTIVE SYSTEM LECTURE: (25 minutes)
Hang up your poster with the following terms:

- Sexual intercourse: Sexual intercourse occurs when a man inserts his erect penis into a woman's vagina
- Arousal: The act of becoming sexually excited
- Erection: The hardening, swelling, and rising of the penis as it fills with blood when a man becomes sexually excited
- Ejaculation: The rapid discharging of sperm from a man's penis
- Fertilization: When a sperm unites with an ovum (egg), usually leading to pregnancy
- Ovum: The female sex cell (egg)
- Sperm: The male sex cell that combines with the female ovum (egg) in the process of fertilization

Explain that every female is born with thousands of eggs in her ovaries (as you explain, point to the diagrams). The eggs are so small that they cannot be seen by the naked eye. Once a girl has reached puberty, an egg matures in one of her ovaries each month and then travels down a fallopian tube on its way to the uterus. This monthly release of an egg from the ovary is called ovulation. The uterus prepares for the egg's arrival by building up a thick and soft lining. If the girl has had sex in the last few days before she ovulates, by the time the egg arrives in the fallopian tube, there might be some sperm waiting to unite with the egg. If the arriving egg is united with the sperm (called fertilization), the fertilized egg travels to the uterus and attaches to the lining and remains there for the next nine months, growing into a baby. If the egg is not fertilized, then the uterus does not need the thick lining it has made to protect the egg. It sheds the lining, along with some blood, body fluids, and the unfertilized egg. All of this flows through the cervix and then out of the vagina. This flow of blood is called menstruation.

When discussing the man's reproductive system, explain that from puberty on, sperm, the male sex cells, are continuously produced in the testicles (or testes), which are found inside the scrotum. As the sperm mature, they move into the epididymis, where they remain to mature for about two weeks. The sperm then leave the epididymis and enter a tube called the vas deferens. This tube passes through the seminal vesicles and the prostate gland, which release fluids that mix with the sperm to make semen. During the sudden discharge of semen known as ejaculation, the semen travels through the penis and out of the body by way of the urethra, the same tube that carries urine. The urethral or urinary opening is the spot at the end of the penis from which a man urinates or ejaculates.

Ask if anyone knows how a girl or woman becomes pregnant. Make sure to correct any misinformation. Refer to the diagrams as you explain pregnancy and emphasize the following points:

A girl or woman becomes pregnant as a result of sexual intercourse with a boy or man. Before this can happen, the boy or man must be aroused, or sexually excited. His penis then becomes erect, or hard. Sexual intercourse occurs when the man inserts his erect penis into the woman's

vagina. When the man's penis is in the woman's vagina, the man releases—or ejaculates—millions of sperm. The sperm from his penis swim up the woman's vagina and into her uterus. If the girl's or woman's body has begun to ovulate or produce eggs, the sperm may encounter the egg in the woman's fallopian tube. Many sperm may attach themselves to this one egg, called an ovum. The first sperm to reach the egg is the one that will cause the pregnancy. When the sperm unites with the egg, this is called fertilization. Once the egg and the sperm have united, it descends from the fallopian tube into the woman's uterus and attaches itself to the lining. During pregnancy, the fertilized egg will develop into a fetus, which will eventually become a baby. If the woman's egg is not fertilized, it will exit her body during menstruation.

Ask if anyone has questions. Give them opportunities to ask out loud or to write questions down anonymously and place them in a jar.

Discussion questions:

- Which parts of the male and female anatomy are the same or similar? *(Answer: Both have a urethra and an anus; the female clitoris and the head of the male penis are similar because they contain many nerve endings and are highly sensitive.)*
- Why do boys generally feel more comfortable than girls about their genitals? *(Answer: They can see them and are taught to touch and handle their penis in order to urinate. Girls are often discouraged from touching "down there" and cannot easily see their own genitals.)*
- Why is it important to feel comfortable touching your own genitals? *(Answer: Genitals are sources of erotic pleasure and masturbation is a risk-free way of expressing and experiencing one's sexuality; boys and men need to touch their testicles to feel for lumps that might be a sign of testicular cancer; girls and women use tampons; for both sexes, some methods of contraception require touching genitals.)*
- Why is it important for teens to understand exactly how and when conception occurs? *(Answer: It is always important for teens to know how their bodies function, and how they can stay healthy overall. Knowing exactly how and when conception occurs is necessary for knowing how to prevent pregnancy—by abstaining from intercourse or using contraception.)*

SESSION 5: MENSTRUATION (GIRLS ONLY)

Excerpts from "Mentoring Guide for Life Skills" by AED Center for Gender Equity

TIME: 1 hour

MATERIALS:

- Tape
- Slips of paper and jar/box for anonymous questions
- Attendance sheet and pen
- Nametags from previous week + additional ones for new members
- A RUMP stencil for every girl with a list of steps

LEADER PREPARATION:

- Print/write drama scenarios (without answers)
- Draw the female reproductive system on a large poster (external and internal)
- Draw a poster of a monthly cycle
- Draw a poster of RUMP Construction
- Prepare an example RUMP

DRAMA BRAINSTORM: (15 minutes)

Split the group into five smaller groups. Assign each small group one of the following dramas (without giving them possible answers). Ask each group to discuss how it would deal with this situation. The participants can modify based on their own experiences. Give each group 15 minutes to brainstorm possible solutions. For example:

- At school one day, Radiya notices that she has started her menstrual bleeding. What can she do? *(Possible solutions: Radiya asks her friend for a feminine napkin; she asks a (female) teacher if she can go home to change clothes and return to school.)*
- Meko's parents have just told her that she may no longer socialize with boys her age or older, or leave the house to go out with friends on weekends. What should she do? *(Possible solutions: Meko can ask her parents why they have made this decision; she works with her parents to come up with a compromise, such as only going out with other girls or staying out until an agreed-upon time; she asks a teacher or mentor to help her talk to her parents.)*
- Kalkidan has started to feel attracted to her neighbor, a boy she's known her whole life. She doesn't understand where the feelings come from or what to do about them. What should she do about these feelings? *(Possible solutions: She can ask her mother, aunt, mentor, or a trusted friend what she should do; she can tell the boy what she is feeling.)*
- Yetem has noticed that her breasts are becoming larger and she thinks she needs to start wearing a bra. What should she do? *(Possible solutions: Yetem asks her mother or guardian to purchase a bra for her; she saves her money and purchases a bra; she borrows a bra from a friend until she can buy one.)*
- A boy at school has started paying a lot of attention to Lena. She doesn't know what she is supposed to do. What should she do? *(Possible solutions: Lena asks her friends if this boy has a good reputation; Lena asks the boy what his intentions are; Lena ignores the boy's attention; Lena asks her parents or mentor for advice; Lena decides she likes the boy and starts dating him.)*

DRAMA PERFORMANCE: (25 minutes)
Now, ask each group to act out the solution as a short drama. Discuss the drama with the rest of the group. What aspect of adolescence is addressed in each role play? What would be the possible consequences of their actions? Do others agree with how the situation was handled and the conclusion reached?

THE MENSTRUAL CYCLE: (20 minutes)
Ask participants to define menstruation. Ask if they know what causes menstruation. Explain the female reproductive system and the menstrual cycle (using diagrams) as follows:

Each girl is born with two ovaries; each ovary has thousands of egg cells, called ova. A human female typically has about 400,000 possible eggs all formed before birth. Only several hundred (about 480) of these eggs will ever be released during her productive years. The egg is so small that it cannot be seen without a microscope. Once these eggs have matured, one egg, or ovum, is released per month in a process called ovulation. The right and left ovaries alternate releasing an egg each month. Each girl's eggs mature at different times, and that is the reason why girls do not start menstruating at the same time. There are physical signs a girl or woman can see that will tell her if she is ovulating (meaning that her body is ready for her to release one egg). The fluid that comes from her vagina will be thinner and clearer during her ovulation time than during other times of the month. A girl or woman will see this thin and clear fluid during the time that her body is most ready to get pregnant. This happens around the 14th day of a 28-day menstrual cycle.

The egg travels through the fallopian tube to the uterus. The uterus starts getting ready for the egg by thickening its inner lining. If a girl or woman has sexual intercourse during this time, the man's sperm may fertilize, or unite with, the egg and the girl or woman can become pregnant. Allowing for differences among females, pregnancy can happen if sexual intercourse takes place between days 10 and 17 of this cycle. The fertilized egg attaches to the thick lining of the uterus. This lining nourishes and supports the baby until birth.

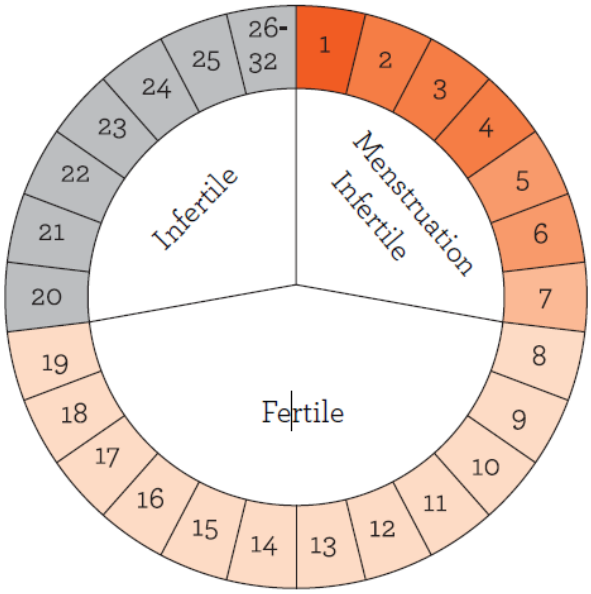
If the woman does not have sexual intercourse (or the egg is not fertilized because the woman used contraception such as a condom, IUD, etc.), the uterine lining deteriorates. The lining, tissue, and the unfertilized egg will flow out of the uterus through the vagina and leave the body. This is menstruation. Menstruation occurs approximately 14 days after ovulation, if the egg is not fertilized.

Everyone's menstrual cycle is different and can last 2-8 days, the average menstrual period lasts 4-6 days per month. Most women have a menstrual cycle once every 28-30 days but it can vary due to eating habits, stress, or amount of physical exercise. A girl's first few menstrual cycles usually do not happen regularly.

A woman will continue to menstruate monthly until she becomes pregnant or reaches menopause. Menopause is the period in a woman's life when she can no longer become

pregnant because she no longer has fertile eggs. It also stops during pregnancy and starts again after the baby is born.

A Typical Menstrual Cycle:



Managing your period:
Menstruation can cause stress, anxiety, or shame. It can also be accompanied by abdominal pain, aches, cramps, and changes in emotions. Discuss some of the ways to feel more comfortable: take a bath, drink a hot beverage, take a walk, rub or massage the abdomen or lower back, lie on your back with legs up and move the knees in small circles, apply a hot pack or washcloth dipped in hot water to the cramping area, try pain relief activities before resorting to pain medicine for severe cramps, get exercise (exercise speeds up the circulation and helps ease tension or headache), cut down on salty foods to prevent water retention which can cause discomfort, and increase intake of foods that are high in iron (injera, leafy greens, etc.) and iron helping foods (oranges and other foods high in Vitamin C).

Emphasize the importance of good hygiene during the menstrual period. Discuss the ways in which girls can take care of themselves during their period including bathing daily, eating healthy foods, using clean cloths, pads, napkins, or other clean or replaceable materials and changing them frequently so menstrual blood does not appear on clothing. Cleanliness is important to prevent infection. Wash bloody cloths with cold water and soap and dry them in the sunshine to discourage bacteria.

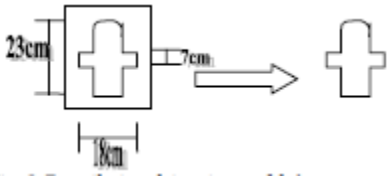
Introduce Reusable Menstrual Pads (RUMPs) including what they are, how they are used, and how they can benefit the girls. Many young girls in developing countries cannot afford the expensive store-bought sanitary pads—disposable pads are a constant and forever increasing expense for parents or guardians who are already spread too thin financially. In this case, a girl

resorts to the use of rags, toilet paper, newspaper, socks, etc. The use of these alternatives will generally lead to embarrassing leaks or infections due to the unhygienic nature of the materials. Many girls will stay home from school during the week of their menstruation to avoid these embarrassments and the stigma of being a menstruating girl. This means that a menstruating girl will miss a week of school every month, putting her behind in her studies. Since they miss so many weeks of school a year, many parents will simply not send their female children to school because they are seen as poor investments.

How to Make a Reusable Menstrual Pad:

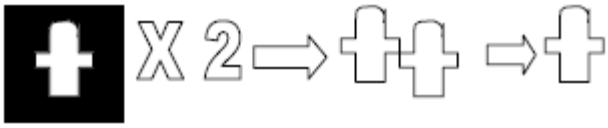
Step 1: Make a template

You should use cardboard or some other type of thick, sturdy paper for the template so you can re-use it many times. The basic outline is in the picture below but the measurements do not need to be exact and they can vary depending on the size of the person using the re-usable menstrual pad. Once you have drawn the template on your cardboard, cut it out and begin making the pad.



Step 2: Trace the template onto your fabric

Your fabric or material should be cotton. You can use old t-shirts, school uniforms, baby blankets, etc. Take two (2) pieces of your material and place one on top of the other. Then use chalk to trace the template onto your fabric. Cut the traced template out of your fabric. One (1) piece is used per side for the pad. Depending on the flow of your period, you may want to add a few more layers. You should make two (2) pads.



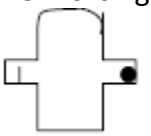
Step 3: Sew the pad together

Sew your two (2) pieces of fabric together. Make sure when you are sewing that you are getting all layers of the fabric. Make sure to leave about an 8cm opening at one end of the pad. This is where you will put the insert into the pad. For ease in insertion, you can sew around the fabric at the opening so it looks neat. Now fold the pad inside-out.

Step 4: Sew the barrier

Once you have your pad inside-out, you can sew the barrier that will keep the insert in place. Sew two lines with a loose, basting stitch. The lines should be on either side of the opening and should keep the securing wings separate from the body of the pad.

Step 5: Sew on your button
You will be making one buttonhole and sewing on one button. Sew one button onto one of the wings, close to the edge of the wing. Now make your buttonhole on the other wing and secure it by reinforcing the hole with simple sewing along its edge.



Step 6: Make the insert
Using the same material for the template, draw the insert according to the picture below. Then cut the insert from the cardboard and gather your material. The best materials are towels, washcloths, or fleece. You should have at least three to four (3-4) pieces of material for the insert. If you have a heavier flow, you should add layers. Also if the material you are using is thin you should add layers. Once you have your layers of material, trace the template with chalk and cut the insert from the material.

Step 7: Sew the insert
Sew along the edges of the insert making sure to have all layers together. You should leave an opening along one edge so you can turn the insert inside out for washing purposes. Once you have sewed the insert together, turn it inside out. Place the insert into the pad through the opening. Now you have a re-usable menstrual pad!!!
** You should have at least two (2) inserts. If you have a heavier flow you may want more inserts to change during the day.

Care Instructions:
When you have your period you will have a day pad and a night pad. You need at least two (2) inserts and two (2) outer parts because while you are wearing one pad, the other will have been washed and drying. Make sure to change the pad and wash your dirty one during the course of your cycle. To wash the insert and the pad, you place both separate pieces in cold water with soap and let them soak for a few minutes. Then you scrub the inside and outside of both pieces. Once you have scrubbed everything hang them in the sun to dry. You can dry them wherever you dry your panties. **The pad and insert will have stains on them but this doesn't mean they are dirty.** Blood is very hard to remove from anything so you should expect stains after you have used the pad and insert.

SESSION 6: BOYS' BODIES (BOYS ONLY)

TIME: 45 minutes
MATERIALS:

- Tape
- Slips of paper and jar/box for anonymous questions
- Attendance sheet and pen
- Nametags from previous week + additional ones for new members

This session covers some topics that might make boys uncomfortable or embarrassed. If you are a female PCV, consider asking a male counterpart to lead this session.

MALE REPRODUCTIVE SYSTEM QUESTIONS: (30 minutes)
Tell boys that you are going to discuss some issues that some people may consider to be sensitive, but that they need accurate information about their bodies in order to become responsible and healthy adults.

Divide boys into small groups and distribute the slips of paper with the following questions (DON'T give them the answers). Ask each group to come up with answers to the following common questions that adolescent boys often have regarding their reproductive system:

- Question: Can semen and urine leave a boy's/man's body at the same time?
    - *(Answer: Some boys worry about this because the same passage is used for both urine and semen. But a valve at the base of the urethra makes it impossible for urine and semen to travel through this tube at the same time.)*
- Question: What is the right length of a penis?
    - *(Answer: The average penis is between 11 and 18 centimeters long when it is erect. There is no standard penis size, shape, or length. Some are fat and short. Others are long and thin. There is no truth to the idea that a bigger penis is a better penis, so boys need not worry.)*
- Question: Is it normal to have one testicle hanging lower than the other one? Is it a problem for the penis to curve a little bit?
    - *(Answer: Most men's testicles hang unevenly to prevent chafing. It is normal for a boy or man to have a curving penis. It usually straightens out during an erection.)*
- Question: What are those bumps at the head of the penis?
    - *(Answer: The bumps are glands that produce a whitish creamy substance. This substance helps the foreskin slide back smoothly over the head of the penis. However, if it accumulates beneath the foreskin, it can cause a bad smell or infection. It is important to keep the area under the foreskin very clean at all times.)*
- Question: Is it normal to get erections?
    - *(Answer: Erections are a hardening of the penis that occurs when tissue inside the penis fills with blood. Erections go away on their own or after ejaculation, the*

release of sperm through the small hole in the tip of the penis. Sometimes boys ejaculate at night while sleeping, sometimes called a "wet dream." This is normal. Erections may be caused by sexual excitement, but they may also happen for no reason, sometimes in a public place. Even though you may think it is embarrassing, try to remember that most people will not even notice the erection unless you draw attention to it. Because erections usually aren't controllable, there is not much you can do about them. As a boy advances through puberty, the frequency of unexpected erections and wet dreams should decrease.)

- Question: What is masturbation?
    - *(Answer: Masturbation is rubbing, stroking, or otherwise stimulating one's own sexual organs to get pleasure or express sexual feelings. Both women and men can relieve sexual feelings and experience sexual pleasure through masturbation. Some people have religious and cultural objections to masturbation. However, there is no scientific evidence that masturbation causes harm to the body or mind. Masturbation is only a medical problem when it does not allow a person to function normally or when it is done in public. Note to facilitator: The most important message to communicate to students is that masturbation is a safe sex practice that does not transmit HIV/AIDS.)*
- Question: Will wet dreams or ejaculation make a boy lose all of his sperm?
    - *(Answer: No. The male body makes sperm continuously throughout its life.)*

Ask the different groups to give their answers and then read aloud the explanation provided. Be sure to clear up any myths or misinformation the boys may have and ask them if they have any other questions they would like to pose. You may find that boys have a lot of questions about issues such as fertility, circumcision, local myths about sexuality that they may have heard, etc.

SESSION 7: STD BASICS

From "Life Planning Education" by Advocates for Youth

TIME: 1 hour

MATERIALS:

- Tape
- Slips of paper and jar/box for anonymous questions
- Attendance sheet and pen
- Nametags from previous week + additional ones for new members

LEADER PREPARATION:

- 15 small cards: Three will have an "A" on their card, three will have a red 'X' on the card; four will have a 'C' on the card; the other five will have black spots. Fold the cards in half. (If you have more than 15 students, add more cards with black spots.)
- Write True/False statements (without answers) on slips of paper. Fold them and put them in a hat or other container.

THE EPIDEMIC GAME: (15 minutes)

Every participant should receive one card. They are not to look at their cards, but you should pull the participants to who you give "A" cards aside and ask them to sit out the game. The other students should keep their cards folded in their hands. Tell the participants that they should move around the room and greet three people. They should simply greet them and remember whom they greeted. They should not look at anyone's card.

After the greetings, ask everyone to sit down. Now, have everyone look at their card. On the board, write an 'X.' Ask everyone who has a red X to stand. Inform the group that these people have HIV. Ask the group to take a good look at the people standing. Anyone who greeted the people should also stand up. These people are also infected. Now, tell everyone to take a good look at everyone standing. Anyone who has greeted those standing must stand up. All those standing are infected with HIV. Continue with this until just about everyone is standing.

Write a 'C' on the board. Ask if anyone has this symbol on his or her card. Tell these people that they can sit down. Tell the group that these people have used a condom. They are not infected. Everyone can now sit down.

Write an 'A' on the board. Ask if anyone has this symbol on his or her card. Tell the group that these people have decided to abstain from sexual intercourse. They are not infected. Everyone can now sit down.

Ask the group what we learn from this game. Put their answers on the flip chart. *(Possible answers: HIV can be transmitted very quickly and easily; you cannot tell if someone has HIV; using a condom can reduce your risk of HIV; having contact with one person is the same as having contact with all the partners of that person.)*

Ask the people with the red 'X' how they felt to discover they were HIV positive. Ask the people with the 'C' and the 'A' how it felt not be infected and to sit down. It is important to emphasize

that this is a symbolic exercise. People cannot transmit HIV by simply greeting each other. They would have to have sex (or other contact with bodily fluid). Also, be careful that this exercise does not set a tone of 'blaming the victim.' Lastly, ask the group how they could have avoided infection in this game. *(Possible answers: They could have refused to play—abstinence; they could have insisted on seeing their partners' cards—testing; they could have only greeted one partner—being faithful; remind the group that they must check the card before being faithful with that partner—testing.)*

STI FACTS: (15 minutes)
STD, sexually transmitted disease, or STI, sexually transmitted infection, is a disease spread through sexual contact—oral, vaginal, or anal sexual intercourse.

General Signs and Symptoms of STDs:

- Redness or soreness of the genitals
- Pain at urination; cloudy or strong-smelling urine
- Unusual discharge from the penis or vagina
- A sore or blisters on or around the genitals, near the anus or inside the mouth
- Excessive itching or a rash
- Abdominal cramping
- A slight fever and an overall sick feeling
- A sexual partner with symptoms
- Weight loss, fatigue, night sweats, purple lesions on the skin, rare pneumonia

Specific STD Symptoms:

Chlamydia	Symptoms: Although it is the most prevalent STD in the United States today, chlamydia is difficult to diagnose because the disease often coexists with others. In addition to gender-specific symptoms described below, the eyes may become infected producing redness, itching and irritation. Infection of eyes can result from an infected person touching her or his genitals and then her or his eyes. Males: 25% of men have no symptoms; when they have symptoms, men may experience a painful or burning sensation when they urinate and/or a watery or milky discharge from the urethra. Females: 75% of women have no symptoms; for women with symptoms, these may include abnormal vaginal discharge, irregular vaginal bleeding, abdominal or pelvic pain accompanied by nausea and fever. May also cause painful urination, blood in the urine, or a frequent urge to urinate. Diagnosis: A sample of genital excretions is cultured to detect chlamydia.

	Damage: If left untreated, chlamydia may cause severe complications, such as non-gonococcal urethritis in men and pelvic inflammatory disease in women. Treatment: Chlamydia is caused by bacteria that are effectively eliminated by tetracycline or erythromycin.
Gonorrhea	Symptoms: May occur 2 to 10 days after contact with infected person. Males: A cloudy (thick, grayish-yellow) pus-like discharge from penis and a burning sensation during urination. Symptoms appear 2 to 10 days after contact. 20% or more of males show no signs. Females: Usually show no signs. Some women have a puss-like vaginal discharge, vaginal soreness, irregular bleeding, painful urination, and lower abdominal pain 2 to 10 days after contact. Damage: Sterility; pelvic inflammatory disease in women which can recur even after the gonorrhea and original PID have been cured. Diagnosis: The patient should inform the physician of all points of sexual contact (genitals, mouth, or anus). Males: Medical practitioner examines genitals, mouth and/or anus for signs of irritation, soreness or discharge and takes a bacterial culture from any infected area. Females: Medical practitioner examines genitals, mouth, lymph glands, and cervical discharges and takes a bacterial culture from any infected area. Treatment: Penicillin or similar antibiotic that kills the bacteria within one or two weeks.
Genital Herpes	Symptoms: Caused by the herpes simplex virus and transmitted through direct skin-to-skin contact during vaginal, anal, or oral sex. Although some people have no symptoms, most experience an itching or burning sensation, often developing into painful blister-like lesions on or around genitals or in anus; first symptoms appear 2-10 days after exposure and last 2-3 weeks. Some people have no symptoms. Damage: Recurring outbreaks of the painful blister occur in one third of those who contract herpes. Herpes may increase the risk of cervical cancer and can be transmitted to a baby during childbirth. Diagnosis: Microscopic examination of blister tissue. Treatment: Genital herpes is caused by a virus and has no cure at present. Available drug treatments are aimed at relieving the pain of active sores and reducing the frequency and duration of outbreaks.

Syphilis	Symptoms: Painless chancre sore on or in genitals, anus, mouth, or throat. Appears 10 days to three months after contracted. If left untreated, a skin rash will develop, often on the hands and soles of feet, 3-6 weeks after the chancre appears. Other symptoms may include hair loss, sore throat, fatigue, or mild fever. Damage: If left untreated after the rash appears, it can eventually cause heart failure, blindness, and damage to the brain and spinal cord and lead to death. Diagnosis: Medical practitioner examines chancre site, eyes, throat, heart, lungs, and abdomen; performs a microscopic examination of chancre puss and a blood test. Treatment: Penicillin or similar antibiotic that kills the bacteria.
Genital Warts (HPV)	Symptoms: Genital warts are the result of a virus spread during sexual contact. They often grow together in little clusters on and inside the genitals, anus, and throat. Depending on location, they can be pink or red and soft, or small, hard and yellowish gray. Damage: Some HPV caused lesions on the cervix are associated with an increased risk of cervical cancer. Diagnosis: Usually made by direct eye exam. A pap smear may also indicate the presence of HPV. Treatment: Locally applied treatments or surgery can be used to remove the warts, but cannot kill the virus. It is important to remove the warts to keep the virus from spreading. Genital warts often return after removal.
Pelvic Inflammatory Disease (PID)	An infection that effects the fallopian tubes, uterine lining and/or ovaries. It is usually caused by sexually transmitted diseases that enter the reproductive system through the cervix. Symptoms: While the symptoms vary from person to person, the most common identifying factor is pain in the pelvic regions. Other symptoms may include frequent urination and/or burning with urination, sudden fevers, nausea or vomiting, abnormal vaginal discharge, and/or pain or bleeding after intercourse. Damage: If left untreated, PID can cause infertility or ectopic pregnancy. Diagnosis: In order to make a diagnosis, it is necessary to determine the original source of the infection. Treatment: Both partners must be treated with antibiotics.
Yeast Infection	Symptoms: A yeast infection caused by an imbalance of the vaginal organisms. Females: Itching, burning, dryness of the vagina, whitish and lumpy (cheese-like) discharge that smells like yeast.

	Males: Inflammation of the penis. Diagnosis: Microscopic analysis of vaginal secretions. Treatment: Locally applied cream or vaginal suppositories.
Trichomoiasis	Symptoms: A vaginal infection that is most often contracted through intercourse, but can also be transmitted through moist objects such as wet clothing, towels, washcloths and so on. Females: A burning sensation at urination and an odorous, foamy discharge, along with a reddening and swelling of the vaginal opening. Males: Usually have no symptoms but might have a slight discharge, itching, and/or lesions. Damage: Can cause urinary infections. Diagnosis: Usually diagnosed by microscopic analysis of vaginal discharge. Treatment: Oral medication.

STD Prevention:
The only completely effective preventative measure is to abstain from oral, anal, and vaginal sexual intercourse. Contact with another person's body fluids can result in STD infection. There are several ways to reduce the risk of STD infection when having intercourse. For the greatest protection, use condoms for every act of sexual intercourse. For minimal protection, inspect your partner's genitals; wash your genitals after sexual intercourse; urinate after sexual intercourse; limit your sexual partners to one person; avoid partners who have sex with other partners; talk to your partner about her/his sexual habits, drug use, and health; and get tested for sexually transmitted diseases with your partner.

Appropriate Responses to an STD:
- Seek medical treatment immediately
- Inform your sexual partners
- Encourage partners to get treatment
- Abstain from sexual contact while infectious

STD "BASKETBALL": (20 minutes)
Tell teens that knowing the risk of STD infection and how using latex condom can help reduce the risk is important. Equally important is knowing more about STDs, how they are spread and how to identify them.

Divide into four teams and have each team move to one corner of the room. Tell students their team will play against the others in a game. Each team will draw a statement, from the container, about STDs. The team must decide whether the statement is true or false. If the answer is correct, the team will get two points. If they can also explain why their answer is correct, they get another point. If they cannot explain their answer, another team can try for the extra point. You can award more than one extra point.

STD True or False

- A person can always tell if she or he has an STD. *(False. People can and do have STDs without having any symptoms. Women often have STDs without symptoms because their reproductive organs are internal, but men infected with some diseases like chlamydia also may have no symptoms. People infected with HIV, the virus that causes AIDS, generally have no symptoms for some time, even years, after infection.)*
- With appropriate medical treatment, all STDs except HIV can be cured. *(False. Herpes, a STD caused by a virus, cannot be cured at the present time.)*
- Condoms are the most effective safeguard against the spread of STDs*. (False. Abstinence from sexual intercourse is the best way to prevent the spread of STDs. Condoms are the next best thing, but only abstinence is 100% effective.)*
- Using condoms will help prevent the spread of STDs*. (True. Latex condoms can help prevent the spread of STDs, but they must be used correctly. Latex condoms are not 100% effective because they can occasionally break or come off during intercourse.)*
- The organisms that cause STDs can only enter the body through either the woman's vagina or man's penis*. (False. STD bacteria and viruses can enter the body through any mucus membranes, including the vagina, penis, anus, mouth, and, in some cases, the eyes. HIV can also enter the body when injected into the bloodstream from shared needles.)*
- Women who have regular Pap smears will also find out if they have an STD. *(False. The Pap smear is a test specifically designed to detect cervical cancer and may detect a herpes infection, but it will not indicate the presence of other STDs. A woman who thinks she may have been exposed to an STD must be honest with her health practitioner and ask for STD tests.)*
- A person cannot contract an STD by masturbating, or by holding hands, talking, walking, or dancing with a partner. *(True. STDs are only spread by close sexual contact with an infected person. Anyone can be infected by having oral, anal, or vaginal intercourse with a partner who is infected. In the case of HIV, a person can also be infected by sharing needles with an infected partner.)*
- STDs are a new medical problem. *(False. STDs have existed since people began recording history. There is evidence of medical damage caused by STDs in ancient writings, art and skeletal remains. Writers of the Old Testament, Egyptians writing on papyrus and the famous Greek physician Hippocrates all mention symptoms of disease and suffering, which we know today was caused by STDs. Cures for most STDs were not found until the 1900s and some still cannot be cured.)*
- STDs can cause major health problems and some can even result in death. *(True. HIV infection, which can be spread through sexual contact, is at present always fatal. Genital herpes appears to be related to cervical cancer in women, and can damage babies born to infected women. Some STDs such as gonorrhea and chlamydia can cause pelvic inflammatory disease (PID). If untreated, PID may lead to sterility, heart disease or death.)*

- Only people who have vaginal, anal, or oral intercourse can contract an STD. *(False. Infants can contract STDs such as herpes, gonorrhea, and HIV infection during their mother's pregnancy and/or during the birth process.)*
- It does not hurt to put off STD testing and treatment after you think you have been infected*. (False. Once an STD infects a person, it begins damaging health. If someone waits weeks or months before getting tested and treated, her or his health may be permanently damaged, even after treatment begins. In addition, the person can spread untreated STDs to sexual partners.)*
- A woman using oral contraceptives should still insist that her partner use a latex condom to protect against STDs. *(True. Oral contraceptives do not prevent STDs, so a condom is still necessary for protection.)*
- Washing the genitals immediately after having intercourse may help prevent some STDs. *(True. Personal cleanliness alone cannot prevent STDs, but washing away a partner's body fluids right after intercourse may be somewhat helpful. Washing does not, however, prevent pregnancy or stop HIV from entering the body through the mucus membranes in the mouth, anus, penis, or vagina.)*
- It is possible to get some STDs from kissing*. (True. It is rare but possible to be infected by syphilis through kissing, if the infected person has chancres (small sores) in or around the mouth. The herpes virus can also be spread by kissing, if active lesions are present.)*
- Oral intercourse is a safe way to have sex if you do not want to get a disease*. (False. It is possible to be infected with HIV, gonorrhea, and herpes from oral sex.)*
- People usually know they have an STD within 2-5 days after being infected*. (False. Some infections take months or years to show symptoms. Some people never show symptoms.)*
- The most important thing to do if you suspect you have been infected by an STD is to inform your sexual partner or partners*. (False. The most important thing to do is to seek immediate medical treatment. Symptoms of an STD may never appear, or may go away after a short time, but the infection continues inside the person's body. She or he can suffer serious physical damage and can continue to infect others. Once medical treatment is begun, the person or a health practitioner can inform sexual partners. In the meantime, it is also important for the infected person to abstain from any sexual contact.)*
- What are the signs and symptoms of STDs? *(Possible answers: redness or soreness of the genitals; pain when urinating (mostly for men); strong-smelling or cloudy urine; unusual discharge from the penis or vagina; sores or blisters on or around the genitals, mouth or anus; a sexual partner with symptoms.)*
- What are the two most effective ways to avoid STDs? *(Possible answers: Abstain from sexual intercourse of any kind or use latex condoms every time you have any kind of intercourse.)*
- What three things should you do if you are worried that you have been infected with an STD? *(Answers: Seek medical treatment right away, inform your sexual partner, and abstain from sexual contact until there is no evidence of infection.)*

DISCUSSION: (15 minutes)

- What would be the most difficult about having an STD?

- How could you bring up using condoms if you were about to have sexual intercourse with a partner you cared about? How would you feel if your partner brought up condom use when you were about to have sex? What would you say to her or him?
- Where do people go to get treated for STIs? Which of these places is the best to get treated? Why?
- Are people afraid to seek treatment for STIs? Why?
- Why is it important to get treated early for STIs? Why is it important that your partners get treated?
- How can we tell that they have been expose to an STD without blaming them or getting hurt ourselves?

SESSION 8: HIV BASICS

Excerpts taken from "Life Planning Education" by Advocates for Youth and "Engaging Boys and Men in Gender Transformation" by EngenderHealth

TIME: 1 hour, 30 minutes

MATERIALS:

- Tape
- Slips of paper and jar/box for anonymous questions
- Attendance sheet and pen
- Nametags from previous week + additional ones for new members
- 3-4 blank pieces flipchart paper
- Markers

LEADER PREPARATION:

- Prepare four signs that say "Definitely a risk," "Probably a risk," "Probably not a risk," and "Definitely not a risk." Post signs in a row on a wall as a "Spectrum of Risk."
- Write the following on small cards: Not having sexual intercourse (abstinence); Buying a clean syringe from the health center; Sharing needles for body piercing or tattooing; Vaginal, oral, or anal intercourse without condoms; Kissing; Getting a blood transfusion; Donating blood; Using a public latrine; Shaking hands with a persons who has AIDS; Being coughed on by a person infected with HIV; Going to school with a person who is HIV positive; Being born to a mother with HIV; Being bitten by a mosquito; Swimming in a pool; Sharing a toothbrush or a razor; Intercourse with a condom
- Consider making a poster with some of the HIV facts to hang up and provide a visual during your HIV lecture
- Write out the following on a flipchart:
    - A – Abstain, delay sexual debut, say no to sex
    - B – Be faithful, reduce number of partners
    - C – Condom use
    - D – Do it yourself (masturbation)
    - E – Enquire if your partner has been tested for HIV
    - F- Find other ways of giving and receiving sexual pleasure
    - G – Get tested

LEVELS OF RISK: (15 minutes)

Explain that this activity will identify which behaviors risk HIV infection and which do not. To test knowledge about risky behaviors, students will rate activities along a continuum of riskiness, from "Definitely a risk" to "Definitely not a risk." Distribute cards to participants. If you have more than 18 participants, have the group form pairs. Have each student stand up one at a time, read the card aloud, and tape it under one of the categories. After each card is placed, ask the student why she or he chose that category. Ask if the group agrees. Correct any misinformation and be sure that the card is moved to the correct category.

Answers:

Behavior	Definitely a risk	Possibly a risk	Probably not a risk	Definitely not a risk

Not having sexual intercourse (abstinence)				x
Buying a clean syringe from the health center				x
Sharing needles for body piercing or tattooing	x			
Vaginal, oral, or anal intercourse without condoms	x			
Kissing			x	
Getting a blood transfusion			x	
Donating blood				x
Using a public latrine				x
Shaking hands with a person with AIDS				x
Hugging a person with AIDS				x
Being coughed on by a person infected with HIV				x
Going to school with a person with AIDS				x
Being born to a mother with HIV	x			
Being bitten by a mosquito				x
Swimming in a pool				x
Sharing a toothbrush or a razor			x	
Intercourse with a condom		x		

HIV BACKGROUND LECTURE: (30 minutes)
HIV stands for human immunodeficiency virus. It is the virus that causes AIDS. The name indicates that it is found in humans, that it attacks the immune system and that it is a virus. AIDS stands for Acquired Immunodeficiency Syndrome. “Acquired” refers to the fact that you get the disease from something else. “Immune” refers to the body’s system for fighting off disease, and “deficiency” indicates a weakness in the system. “Syndrome” means a collection of symptoms and diseases.

Symptoms: One to two months after infection, some people experience a brief illness similar to a cold or the flu. An average or 7-10 years later, symptoms such as weight loss, yeast infections, night sweats, swollen lymph glands, persistent cough, diarrhea, fatigue, and loss of appetite may begin to occur.

How Does HIV Make A Person Sick? HIV slowly weakens the immune system, which is the body’s defense against infection and illness. A strong immune system protects us against illness and helps us recover once we get sick. It attacks and destroys germs that enter the body.

Each of the many different kinds of cells that make up the immune system performs a different job, although they all work together to protect the cells in the immune system that help keep a person healthy. These helper cells, called "T-cells," orchestrate many parts of the immune response. The HIV virus enters T-cells and begins to multiply. The T-cells become miniature factories that reproduce HIV. Eventually, the virus kills the T-cell. As more and more T-cells die, the immune system is less able to do its job of protecting the body from opportunistic infections. The word "opportunistic" indicates these infections take advantage of a weak immune system and the opportunity to invade the body. Many of these opportunistic infections are very rare, and some had never been seen in humans before AIDS. Others are caused by germs that most healthy humans carry and can fight, but people infected with HIV are vulnerable. One or more of these opportunistic infections, and not HIV directly, eventually kills a person with AIDS. It is helpful to think of HIV infection as a continuum, starting from the moment of infection, through the first signs of sickness, to the appearance of one of the indicators of AIDS. This is important because it means:

- Someone can be infected for a long time and have no symptoms and feel healthy.
- Someone can be infected and feel poorly, but not have any of the indicators that meet the definition of AIDS.

Treatment: There is no cure for HIV or AIDS. No vaccine has been developed to inoculate people against the virus and no medicine has yet been formulated to kill the virus in people who are already infected. Doctors and scientists have developed a variety of medications that delay the onset of symptoms, prolonging the lives of people infected with HIV. Those drugs have improved the quality of life for people with HIV, but they are not cures.

Will Everyone Who Is Infected with HIV Develop AIDS and Die?
It is unclear whether everyone who is infected with HIV will develop AIDS, but researchers estimate that a very high percentage of HIV-infected people will develop AIDS. Eventually people with AIDS die of one or more of the opportunistic infections that invade their bodies.

What Does HIV-Positive Mean?
HIV-positive means that a blood test has shown that a person has been infected with HIV. The tests are sensitive to antibodies to HIV produced by the immune system, not to the virus itself. A negative test result indicates that the body is not creating antibodies to the virus. Therefore, it is assumed that the person is not infected with HIV. It is important to understand, however, that there is a "window period" between when a person is infected with HIV and when the immune system begins producing antibodies in a great enough number to be detected. So, it is possible for someone to test HIV-negative during the window period, still be infected with HIV, and be able to transmit the virus to someone else. Scientists are unsure about the length of the window period: it is probably between two weeks and six months, but in rare cases may be as long as three years.

When Are People with the Virus Infectious to Others?
People with HIV are infectious to others as soon as they are carrying the virus, even before antibodies are produced. People with HIV may not know they are infected and may look, act,

and feel healthy for a long time, possibly longer than 15 years. It is impossible to tell from looking whether or not a person is infected.

How is HIV Transmitted?
HIV is transmitted from person to person through blood or membrane contact with blood, semen, vaginal fluids, and breast milk. Ways to get the virus include:

- Exchanging blood, semen, or vaginal secretions during sex (vaginal, oral, or anal) with someone who has HIV
- Sharing needles—which are used for injecting drugs, tattooing, or ear piercing—with someone who has HIV
- Being born to a mother who has the virus (HIV can be passed to a fetus through the umbilical cord while it is still inside the mother, through contact with vaginal fluids and blood during birth or through breast milk)

HIV cannot survive in air, water, or things people touch. You cannot get it from:

- Touching, talking to, or sharing a home with a person who is HIV infected or has AIDS
- Sharing plates, glasses, or towels used by someone with HIV infection or AIDS
- Using swimming pools, water bottles, shint bets, doorknobs, tools, or telephones used by people with HIV infection or AIDS
- Having someone with HIV or AIDS spit, sweat, or cry on you
- Being bitten by mosquitos
- Donating blood
- Being sneezed at or coughed on by a person with HIV infection or AIDS

What is “Safer Sex”?
“Safer sex” describes a range of ways that sexually active people can protect themselves from infection with all sexually transmitted diseases, including HIV infection. Practicing safer sex also provides birth control protection. Safer sex means using a latex condom for EVERY act of sexual intercourse (penis in vagina, penis in rectum, penis in mouth). Safer sex is not “safe sex” because the only safe way to 100% protect yourself is through abstinence.

There are a lot of ways for loving and sexual feelings to be shared that are not risky:

- Hugging
- Holding hands
- Massaging
- Rubbing against each other with clothes on
- Sharing fantasies
- Masturbating your partner or masturbating together, as long as males do not ejaculate near any opening or broken skin on partners

What about kissing?
There are no reported cases of people becoming infected with HIV just from deep kissing. It might be risky, however, to kiss someone if there is a chance for blood contact—if the person with HIV has an open cut or sore in the mouth or on the gums. It would be even more risky if

both people had bleeding cuts or sores. People should use common sense and should wait until any sores or cuts have healed before kissing.

Why Is Sharing Needles Risky?
Sharing needles for injecting drugs, tattooing, or ear-piercing is risky because blood from the first user often remains on the needle or in the syringe. It can then be directly injected into the bloodstream of the next user. That is why you buy your own syringe when you go to the health center and the nurse safely throws it away rather than reuses it.

Why Does HIV Disproportionately Affect Women?
Gender norms/roles and inequalities in power have a huge impact on the HIV risks women and men take. STIs are caused by a lot of factors, many of which are related to gender norms and the ways in which women and men are taught to behave. Women are not expected to discuss or make decisions about sexuality. The imbalance of power between men and women means that women cannot ask for, or insist on, using a condom or other forms of protection. Poor women may rely on a male partner for their livelihood. This makes them unable to ask their partners or husbands to use condoms. It also makes it difficult to refuse sex even when they know that they risk becoming pregnant or infected with a STI/HIV. Men, on the other hand, are often raised to believe that having multiple partners proves their manhood, thereby increasing the risk that they will be exposed to an STI. Gender norms can also exacerbate the consequences of STIs. For example, men may hesitate or be unwilling to get tested for STIs due to gender norms that stress men seeking health services are weak. This may lead to a man delaying the care he needs and suffering more serious health consequences than if he had sought out care earlier.

Women also face more risks for HIV than men because of their anatomies. Semen remains in the vagina for a long time after penetrative sex. This increases women's chances of infection from any single sexual act. There are also more viruses in men's semen than in women's vaginal fluid. The inside of the vagina is thin. This means it is more vulnerable than skin to cuts or tears that can easily allow HIV into the body. The penis is less vulnerable because it is protected by skin. Very young women are even more vulnerable. This is because the lining of their vagina has not fully developed. With an STI, women are at least four times more vulnerable to infection. Women often do not know they have STIs, as they often show no signs of infection.

Violence against women increases women's risk for HIV. Men's rape of women occurs worldwide. This crime is linked to men's power over women. Forced sex increases the risk for HIV transmission because of the bruising and cuts it may produce. Other kinds of physical and emotional violence increase women's risk. Many women will not ask their male partners to use condoms for fear of men's violent reaction. Women who must tell their partners about STIs/HIV may experience physical, mental, or emotional abuse, and even divorce.

Many men put themselves in situations of risk because they feel pressure to be "real men." They feel they have to be masculine and that they cannot express their true emotions and feelings. Likewise, women may face situations of risk because of social norms that they be

passive, or because of inadequate access to information and services. Both women and men need opportunities for open and honest discussions about HIV and AIDS and prevention strategies, as well as social supports that extend beyond mere information provision.

What are some social and cultural risk factors for HIV in Ethiopia?

- *Youth (especially girls) don't talk or ask questions about sex*
- *Parents don't teach their kids about sex*
- *Early marriage (especially with older, more experienced partners)*
- *In some places, poverty might encourage/force women to engage in sex for food, money, or gifts*
- *Young girls who might have FGM (smaller openings mean tearing is more common)*
- *In relationships where one person holds more power, the other might not be able to negotiate safe sex*

HIV MAPPING TREES: (25 minutes)
Divide the participants into three or four small groups. Each group will draw a problem tree.

Draw a tree trunk in the center of a flipchart. Ask the group to brainstorm some of the causes of STIs. Each should be depicted as a root of the problem tree. The group should then discuss what contributes to these initial causes. For example, if one cause is "unprotected sex," the group should think about what causes unprotected sex. One reason might be "dislike of condoms," which would then be drawn as a sub-root of the original cause. The problem tree will also depict the effects of STIs as the branches of the tree. As they did with the causes, the groups should brainstorm and identify the primary and secondary outcomes, this time as leaves.

After all groups are finished, ask them to post the flipcharts on the wall. Allow each participant to walk up to the wall and look at the trees.

IF SOMEONE SAYS…: (20 minutes)
Read the statement aloud. Ask students to think of how they would respond to it.

1. "I don't have to use condoms with my girlfriend Hikma. She is a nice girl and comes from a respected family. You only have to use condoms with girls who are unfaithful."
   You say:
2. "It doesn't feel good to have sex without a condom."
   You say:
3. "You shook hands with that man who has AIDS. Are you crazy?"
   You say:
4. "It's stupid to think that condoms can protect you from AIDS. They aren't reliable enough to be considered good protection."
   You say:
5. "We don't need to use condos. Do you think I have a disease?"
   You say:
6. "I don't believe Telahun has HIV. He looks so healthy."

You say:

7. “It is Selam’s own fault that she has HIV.”
   You say:
8. “I know you can’t get HIV from eating the same food as someone who is HIV positive, but I’m not sharing a bayenet with Anwar because he has HIV and I don’t want to risk it.”
   You say:
9. “If we really wanted to get rid of AIDS, we would test everyone and then make everyone who was HIV positive live together in an isolated place to protect the rest of us.”
   You say:

SESSION 9: ADDRESSING STIGMA

From "Engaging Boys and Men in Gender Transformation" by EngenderHealth

TIME: 45 minutes

MATERIALS:

- Tape
- Slips of paper and jar/box for anonymous questions
- Attendance sheet and pen
- Nametags from previous week + additional ones for new members
- Flipchart paper (5 pieces)
- Markers

LEADER PREPARATION:

- On a flipchart, draw a simple tree with roots, a trunk, and leaves/branches. Write "causes" next to the roots, "forms" next to the trunk, and "effects" next to the leaves/branches.

GROUP STIGMA DISCUSSION: (25 minutes)

Form five groups. Ask them to draw a tree similar to what you have prepared on the flipchart. Ask them to consider the following:

- Why do people stigmatize (e.g., lack of knowledge)? List their responses as the roots (or causes).
- What do people do when they stigmatize people (e.g., name-calling)? List their responses as the trunk (or forms).
- How do these actions affect the person being stigmatized (e.g., isolation)? List their responses as the branches/leaves.

Once they have completed the activity, have each group share their trees. Below is a list of potential causes, forms, and effects of stigma you can mention if students miss them:

Effects or Consequences

Shame. Denial. Isolation. Loneliness. Loss of hope. Self-blame. Self-pity. Self-hatred. Depression. Alcoholism. Anger. Violence. Suicide. Dying alone without love. Feeling useless/not contributing. Family conflict. Quarrels within the family over who is responsible and who will take care of the sick PLWHA. Divorce. Getting kicked out of family. Fired from work. Dropping out from school. AIDS orphans and street kids. Abuse or poor treatment by relatives. Deprived of medical care (health staff arguing that it's a "waste of resources"). Ceasing to make use of clinics, voluntary counseling and testing (VCT) program, and home based care and support program. Reluctance to take medication. Lack of treatment. Spread of infection.

Forms of Stigma

Name-calling. Finger-pointing. Labeling. Blaming. Shaming. Judging. Spreading rumors. Gossiping. Neglecting. Rejecting. Isolating. Separating. Not sharing utensils. Hiding. Staying at a distance. Physical violence. Abuse. Self-stigma, (blaming and isolating oneself). Stigma by association (family or friends also affected by stigma). Stigma due to looks/appearance.

Causes

Morality (the view that PLWHA are sinners, promiscuous). Religious beliefs. Fear of infection, the unknown, of death. Ignorance that makes people fear physical contact with PLWHA. Gender (women are more stigmatized than men). Peer pressure. Media exaggerations.

DISCUSSION: (20 minutes)
Conclude with the following questions:

- Do you think we focus more of our stigma reduction efforts on fixing the causes, forms, or effects? Why?
- What can be done to address the causes of HIV-related stigma, and therefore reduce them?

HIV-related stigma is a major factor stopping people from finding out their HIV status. Stigma is caused by various factors, including lack of knowledge, fear of death, shame/guilt associated with a sexually transmitted disease and the moral judgment of others. Stigma has serious effects that can compromise an HIV-infected person's life. However, through education and disclosure, stigma can be reduced.

SESSION 10: FAMILY PLANNING METHODS

From "Mentoring Guide for Life Skills" by AED Center for Gender Equity and "Life Planning Education" by Advocates for Youth

TIME: 1 hour

MATERIALS:

- Tape
- Slips of paper and jar/box for anonymous questions
- Attendance sheet and pen
- Nametags from previous week + additional ones for new members
- 105 of the same bottle caps and 95 of a second bottle cap (i.e. Coca-Cola and Merinda); You can also use 2 kinds of small candies or scraps of paper of 2 different colors

LEADER PREPARATION:

- Write reflection questions on the board or on a piece of flipchart paper
- Poster of the family planning methods chart
- Cut a paper into 12 pieces and write the 12 questions from the "Pick a Question" activity on each piece

UNDERSTANDING PREGNANCY RISK: (15 minutes)

Put 90 bottle caps of one color and 10 bottle caps of another color in a paper bag that is marked "Intercourse without Contraception." The 90 bottle caps represent unplanned pregnancy. Put 85 bottle caps of the second color and 15 of the first color in the remaining bag marked "Intercourse with Contraception." The 15 bottle caps of the first color will represent unplanned pregnancy. (You can cut the numbers in half, but keep the proportions the same.)

Point out that people often do not believe how risky sexual intercourse without contraception can be. Explain that the group will focus on the pregnancy risk associated with unprotected intercourse. Ask participants to imagine 100 heterosexual couples who are having sex regularly for one year. How many of those couples would they predict would be pregnant by the end of the year, if they did not use contraception? Record their guesses on the board.

Display the bag marked "Sex without Contraception" and explain that the bottle caps in the bag represent the exact proportion of pregnancy that is risked by unprotected intercourse. Show teens which bottle caps represent pregnancy and which represented no pregnancy. Ask each participant to draw a bottle cap from the bag, without looking, and hold it up. If the bottle cap represents "pregnancy," that means one of 100 imaginary couples having sex without contraception has gotten pregnant. When everyone has drawn, ask how many drew an unplanned pregnancy. Emphasize that 85 out of 100 couples having sex without contraception for one year would get pregnant.

Now ask the group to predict how many couples having sexual intercourse for a year would get pregnant if they did use contraception. Record their guesses on the board. Repeat the process with the bag of bottle caps representing "Sex with Contraception." Have teens draw a bottle cap once more from the bag and hold it up. Ask how many drew an unplanned pregnancy this

time. Point out that contraception makes a big difference. Only 15 out of 100 couples who have sex for a year get pregnant if they use contraception.

FAMILY PLANNING LECTURE: (20 minutes)
"By having sexual intercourse, girls and boys are making an important decision. This includes the possibility of becoming pregnant, starting a family, getting a disease, and developing stronger emotional feelings for another person. It is much better to think about these decisions carefully beforehand. Family planning is making the decision about when a person wants to start a family and how many children he or she wants to have."

Write/hang these questions on the board and ask participants to take 5 to 10 minutes to quietly reflect on them:

- When do I want to get married? To whom?
- Do I want to have children? When? How many?
- How do I become pregnant?
- Do I want to become sexually active before marriage?
- How can I protect myself from getting pregnant before I am ready?
- How can I protect myself from getting a sexually transmitted disease or HIV?

"If you think about these questions, you may be able to make better choices as you go through puberty and grow into an adult. If you choose to become sexually active, you should think about using birth control to help avoid pregnancy before you are ready to be a parent. A sexually active female who does not use birth control has an 85-90% chance of getting pregnant within one year. Some forms of birth control, such as condoms, also help prevent the spread of STIs such as HIV. Some people think of 'birth control' as family planning or child spacing because it gives women and men more choice about when children are born. Others think of birth control only as a way of preventing pregnancy. Either way, birth control is making choices that can help prevent unplanned pregnancies. No birth control choice (except abstinence) works all the time. Each birth control choice has different risks. It may be wise to choose more than one type of birth control to use at the same time to prevent both unwanted pregnancy and STIs."

Present the chart you made in advance:

Abstinence	Abstinence means not having sexual intercourse. Abstinence from sexual intercourse is the only form of birth control that works all the time. To 'abstain' means to not do something. Abstaining often means avoiding something that can be harmful, like smoking or drinking alcohol. When a young person abstains from having sexual intercourse, it means simply that he or she is not having sex. A girl may abstain by delaying the first time she has sex. A person who has already had sex may also decide to abstain— to stop having sex for a period of time. Abstinence not only prevents pregnancy, but it also prevents infections that are spread through sex, including HIV.

Condom	The male condom is a tube-like bag, closed at one end that is fitted over the erect penis before the penis comes close to a woman's vagina. When the man ejaculates—when he discharges his semen—the semen collects inside the condom, keeping sperm from fertilizing an egg. The condom is then removed carefully to avoid spilling the semen. Condoms may also protect against STIs. They are widely available and are low in cost. The main problem is that a girl or woman may not be able to convince a partner to use a condom. In addition, if the condom breaks or is used incorrectly, pregnancy and STIs may not be prevented.
Birth Control Pill	Birth control pills are taken once every day all month long. They must be taken at the same time every day to be effective. When taken correctly and regularly, each pill has a hormone that keeps the body from becoming pregnant. Birth control pills alone do not protect against STIs, including HIV. It is easy to forget to take the pill. The pill does not work if it is not taken every day. The pill is available at all health centers and health posts.
Injections	Hormones can be injected several times a year to prevent pregnancy. The injections mean regular visits to a clinic or health post, usually once every three months. They do not protect against STIs, including HIV, but they are a popular means of preventing pregnancy in Ethiopia.
Implanon	The implanon is a device placed in a woman's arm that releases hormones that prevent pregnancy, but does not prevent HIV or other STIs. The implanon is available at most health posts and health centers. It generally lasts about two years.
Inter-Uterine Device (IUD)	An IUD is a small implant put into the cervix through the vagina. This implant helps to control the flow of eggs and sperm to prevent fertilization and pregnancy. IUDs are only available through clinics or hospitals. Implanting them is minor surgery that must be followed by regular visits to make sure there are no problems. IUDs alone do not protect against STIs, including HIV. They last 2-5 years before they must be replaced.
Vasectomy/Tubal Ligation	A vasectomy is a surgery for men and a tubal ligation is a surgery for women that permanently prevent pregnancy. Because these are permanent surgeries, they are most popular with parents who already have children and want to prevent their families from expanding. These surgeries are typically available at larger hospitals or offered by NGOs like Marie Stopes at local clinics once a month.

**Even if you are using a female birth control method (like the pill, implanon, injection, or an IUD) you should always also use a condom because these female methods only prevent pregnancy and do not protect from STDs

PICK A QUESTION: (25 minutes)

Cut 12 pieces of paper, and write one question on each piece. Fold each piece of paper and put them in a hat or basket that is located in the middle of the classroom. Divide the participants into two groups, and ask each group to choose a team name for itself. One member from the first group and one member from the second group should pick a question from the hat or basket that will be discussed quietly for a couple of minutes within their groups. Someone from the first group will pose the first group's question to the second group, and both groups can discuss the answers. Then the second group can pose its question to the first group. This keeps going until all the questions are answered and discussed.

- Why is birth control important? *(Answers: Protects from unwanted pregnancy and from STIs; permits child spacing.)*
- Are male condoms completely effective? What happens if a condom breaks? *(Answers: No, the only method of birth control that is 100% effective is abstinence. If a male condom breaks or slips off during intercourse, you should go to a health center to get "Plan B," or "the morning after pill" and to get tested for STIs.)*
- What can a girl do to protect herself against STIs? *(Answers: Abstain from sexual intercourse; talk to her partner about being faithful; use a condom during sexual intercourse; get tested regularly with her partner.)*
- Does staying in school and getting a good education help girls and boys make better decisions about when to have sex and when to start a family? *(Answer: Yes. Educated girls and boys tend to wait longer to start their families so that they are more prepared physically, mentally, and emotionally to start a family.)*
- How can girls and boys protect themselves against unwanted pregnancies? *(Answers: Abstaining from sex; using a condom; using another method of birth control like the pill, injection, implanon or IUD.)*
- Which method of birth control is completely effective? Why? *(Answer: Only abstinence completely protects from pregnancy and STIs because you do not engage in risky sexual behavior.)*
- Name the different methods of birth control? Name the risks of each one. *(Answer: Abstinence—no risk; Condoms—can break or slip off; Birth Control Pill—must be taken the same time every day or is not effective; Injection—must follow up on repeat shots every three months or not effective; Implanon—could have a negative reaction to the hormones; IUD—must be surgically inserted and checked on.)*
- Do girls or boys feel pressured to have sex? If yes, what arguments can a girl or boy use to convince others to respect their choices? *(I am just not ready; I want sexual intercourse to be a special first time I share with my future husband; It is against my religion; I want to finish school before I become a parent.)*
- What are the advantages of planning a family for a mother? *(Answers: Will stay healthier and less tired; can give attention to children she has; more time to spend with her husband; more time to participate in community affairs; more time to work outside the home and increase family income; more time to nurture her interests.)*
- What are the advantages of planning a family for the baby? *(Answers: Likely to receive more love and attention from parents; better fed, clothed, and housed; more likely to attend school; healthier; brighter future.)*

- What are the advantages of planning a family for the family? *(Answers: More food and resources for each family member; more opportunities to share leisure time; avoids having to divide inheritance into many small pieces; more time for the couple to cultivate their interests.)*
- What are the advantages of planning a family to the country? *(Answers: Prevents depletion of natural resources; prevents urban crowding; promotes better educated workforce.)*

SESSION 11: CONDOM USE

Excerpts taken from "Choose a Future-Girls" by CEDPA and from "Engaging Boys and Men in Gender Transformation" by EngenderHealth

TIME: 1 hour

MATERIALS:

- Tape
- Slips of paper and jar/box for anonymous questions
- Attendance sheet and pen
- Nametags from previous week + additional ones for new members
- Condoms (about 40, but more to distribute if possible)
- 5 penis models (or alternative on which you can put a condom like a banana or broom handle)

LEADER PREPARATION:

- Write and cut out the steps to condom use 5 times

SEXUAL HEALTH TRUE/FALSE: (20 minutes)

Divide the group into five teams. They will be playing a game to see which team has learned the most about pregnancy prevention. Each team will have the opportunity to answer a question regarding pregnancy. The team answering the question must explain its answer. If a team gets the answer and explanation right, it will win a point. If the answer is wrong, the other team will get a chance to explain the correct answer and earn a point.

Begin by selecting a team to go first. Read a statement aloud. When the team answers, ask a member to explain the team's answer. If the team gets the answer wrong, give the other team a chance to correctly answer and win a point. Emphasize the correct answer for each statement. Rotate teams until all questions are answered. Afterward, tally the points and declare a winning team.

A girl cannot get pregnant the first time she has sex.	False: A girl or woman may become pregnant the first time she has sex. A boy or man may get a girl or woman pregnant the first time he has sexual intercourse.
A girl cannot get pregnant if she has not started menstruating.	False: A girl's or woman's body releases an egg before menstruation occurs. A girl who has not yet had her first period can also get pregnant.
A girl cannot get pregnant if she is under 12 years old and too young to get pregnant.	False. Eggs can be released as early as nine years old.
If a girl cleans her vagina immediately after having sex, she won't become pregnant.	False: Cleaning the vagina with water, soap, or other chemicals will not prevent a pregnancy after intercourse. Once sperm have been ejaculated they cannot be washed out of the vagina.

A girl or woman cannot get pregnant if she does not have sexual intercourse.	True: A girl or woman cannot get pregnant if she does not have sexual intercourse.
If a girl loves the person with whom she has sex, she will not become pregnant.	False: Love does not influence or determine whether a person will become pregnant.
If a girl has sex standing up, she can get pregnant.	True: No matter what position the girl is in, sexual intercourse can lead to pregnancy.
If a man pulls his penis out of the woman's vagina before ejaculation, she will not become pregnant.	False: Even before a man ejaculates, a small amount of semen and sperm are released and can cause a pregnancy.
A girl will not become pregnant if she has sex with a partner who is much older than her.	False: The boy's or man's age is irrelevant. You may become pregnant no matter how young or old your partner is.
If a condom slips off during sexual intercourse, it might get lost inside the women's body (womb).	False: Because of its size, a condom is too big to get through the cervix (the opening to the womb from the vagina).
If a girl is menstruating (bleeding) and she has sexual intercourse, she may become pregnant.	True: Even during menstruation, a girl or woman can become pregnant.
A girl cannot get pregnant if she urinates immediately after having sexual intercourse.	False: Urine does not pass through the reproductive system of a woman and cannot "clean out" sperm.
A girl cannot get pregnant if she has irregular periods.	False: When periods begin they are often irregular and eggs can travel to the uterus at any time.
Condoms have tiny invisible holes through which both sperm and HIV can pass through.	False: Condoms are tested for defects before they are packaged and sold. It is not possible for HIV to pass through a condom in any way. If someone uses a condom, but still contracts HIV or gets pregnant, this is due to human error such as using old or expired condoms, leaving the condom in the sun or a hot place, or tearing the condom with your fingernails and teeth when you open the package.
A reliable method of birth control, such as a condom or the birth control pill, can prevent pregnancy.	True: When used correctly, modern forms of birth control are highly effective in preventing pregnancy.
Condoms take away the pleasure of sex.	False: Using condoms does not reduce the woman or the man's enjoyment.
Using 2 condoms at the same time means you are better protected.	False: Using 2 condos can create a lot of friction, which can make the condoms break. People should use only one condom at a time during sexual intercourse, but they can use a

	condom and the birth control together to protect from pregnancy.

At the end of the activity, stress the negative effects of early pregnancy, which include:

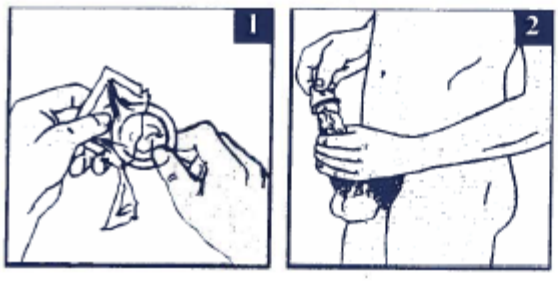
- Psychological trauma as a result of unwanted premature sexual activity
- Health problems due to early and prolonged pregnancy and childbearing (Among 15- to 19-year-old girls, pregnancy complications are the leading cause of death. Girls younger than 15 are five times more likely than women in their 20s to die during childbirth; girls 15–20 are twice as likely)
- Lack of ability to adequately care for children (Young, less educated mothers tend to have less healthy children and families than older, more educated mothers)
- Lack of opportunity to develop a sense of self

STEPS TO CONDOM USE: (20 minutes)

Ahead of time, write down the steps for using a condom on a flip chart (you can write them in the shape of a condom so that it is easier for the students to get the order correct). Cut out each step individually. Place the cut outs upside down (out of order) on the table in front of each team. Have them race each other to put the steps in the correct order. Whoever is the first team to get the correct order, have one team member come to the front with you, and another read out the steps. As they read the steps out to you in the correct order, physically show them the steps with a penis model or banana (have the team member at the front hold the model for you as you show them how to use the condom).

Steps include:

1. Check Expiration Date (if expired, you must throw away and use another)
2. Check for bubble/air in center (if no air pocket in condom, it may have a hole in the packaging, in which case you must throw away and use another)
3. Push condom to one side and tear down perforated side (make sure you do NOT tear open with teeth)
4. Remove condom from packaging and find outside tip of condom (if they do not find correct side, they could put the condom on the wrong way. If the condom is put on the wrong way, it must be removed, thrown away and another must be used because bacteria/virus/STD/pre-ejaculatory fluid could be on the penis, and flipping the condom around will only allow that substance to enter—defeating the purpose of using a condom)
5. Pinch the tip of the condom and place on the tip of the erect penis
6. While still pinching the tip of the condom, roll the condom all the way down to the base of the penis
7. Hold the base of the condom while inserting
8. Have safe, consensual sex (stress that the desire to have sex should be consensual—between both people)
9. Hold the base of condom while removing condom (to prevent from slipping) before the penis becomes soft
10. Roll the base of condom off and slide off the tip of the penis
11. Tie condom in a knot and throw away (to prevent fluids from leaking out of condom)

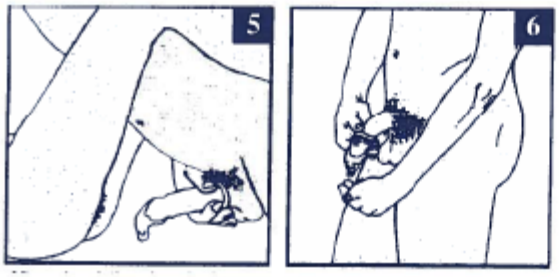


1. Carefully open the package so the condom does not tear. Do not unroll condom before putting it on.

2. If not circumcised, pull foreskin back. Squeeze tip of condom and put it on end of hard penis.

3. Continue squeezing tip while unrolling condom until it covers all of penis.

4. Always put on a condom before entering partner.



5. After ejaculation (coming), hold rim of condom and pull penis out before penis gets soft.

6. Slide condom off without spilling liquid (semen) inside.

7. Tie and wrap the condom (in paper, if available) then throw in dust bin. Wash hands.

8. Burn or bury the condom with other trash. Wash hands.

CONDOM RACES: (20 minutes)

Materials needed: one penis model for each team, 2 condoms for each team member, and a blindfold.

Round 1: Have teams race each other to put on and take of condom properly. One member of each team goes at a time until all members have finished.

Round 2: Have the teams race again, but with blindfolds on. This is supposed to represent times where it may be dark or difficult to see when you are putting condoms on and will allow them to practice by feeling what they need to do without sight.

SESSION 12: HIV AND SEXUAL HEALTH GAMES

TIME: 1 hour
MATERIALS:

- Tape
- Slips of paper and jar/box
- Attendance sheet and pen
- Nametags from previous week + additional ones for new members

LEADER PREPARATION:

- Prepare jeopardy board with questions and points
- Prepare awards/condoms with points (5 condoms with "100" written on the package; 5 condoms with "200" written on the package; 5 condoms with "300" written on the package; 5 condoms with "400" written on the package; and 5 condoms with "500" written on the package.)

HIV REVIEW: (15 minutes)
First take time to review modes of transmission and fluids covered in depth in Session 8: HIV Basics.

What are the 4 ways HIV can be transmitted?

- Unprotected Sex (Vaginal, Anal and Oral)
- Blood
- Mother-to-child (during pregnancy or childbirth)
- Breastfeeding

What are the 5 bodily fluids that HIV can be transmitted through?

- Blood
- Breast milk
- Vaginal Secretions
- Semen
- Pre-ejaculatory fluids

Give students an opportunity to ask any questions they may have about HIV or sexual health before beginning the game.

REPRODUCTIVE HEALTH JEOPARDY: (25 minutes)
Sexual Health Jeopardy is a trivia game with topics including: HIV, STDs, Condoms, Gender, Pregnancy, etc. Each topic has 5 questions (100 being the easiest, and 500 being the hardest). Youth should have some basic background knowledge (that you can review prior to starting the game) on each of the topics. You can add a question or two that you have not discussed to spark some thinking and debate.

Students should be divided into teams of 5 or 6 people. When students answer a question correctly, throw them a condom with the points they received written on the packaging. At the

end of the game, have them count up their points on the condoms and tell you how much they each have. Call up the 1st, 2nd, and 3rd place teams to the front.

Draw the following chart on the board. When students ask for a question, for example "HIV Prevention and Transmission for 200," read the corresponding question off your own paper. If students answer correctly, erase or cross off that box.

Sample Jeopardy Board:

HIV Basics	100	200	300	400	500
HIV Transmission	100	200	300	400	500
STDs	100	200	300	400	500
Condoms	100	200	300	400	500
Pregnancy	100	200	300	400	500

HIV Basics:
100 – What does HIV stand for? *(Human Immunodeficiency Virus)*
200 – True or False: AIDS is caused by HIV. *(True)*
300 – Can HIV be cured? How can you treat HIV? *(It cannot be cured, only treated with ARTs)*
400 – True or False: The most common way to get HIV is through sharp objects. *(False; the most common way is through unprotected sex)*
500 – True or False: It is best to wait 3-6 months after a risky sexual encounter to be tested for HIV. *(True—after the window period or you may get a false negative)*

HIV Transmission:
100 – When should you use condoms? *(Every time you have vaginal, anal, or oral sex)*
200 - What is the best investment for girls to decrease early marriage and HIV rate? *(Education)*
300 – How many cases of HIV could be prevented each year if all girls were able to go to school? *(700,000)*
400 – Name 4 ways HIV can be transmitted. *(Unprotected vaginal, anal and oral sex; mother to child transmission in the womb; breast-feeding; blood-to-blood contact)*
500 – What are the 5 fluids HIV can be transmitted through? *(Vaginal fluids, semen, pre-ejaculatory fluids, blood, and breast milk)*

STDs:
100 – What does STD stand for? *(Sexually Transmitted Disease; can also be STI—sexually transmitted infection)*
200 – How can you get an STD? *(From unprotected vaginal, anal, and oral sexual contact)*
300 – What are 3 symptoms of STDs? *(Itching, burning, abdominal pain, green/yellow/white discharge, odor, redness, etc.)*
400 – What can happen if an STD goes untreated? *(Can enter late stages of disease and cause serious side effects like rash, blindness, cancer, or even death)*
500 – How do you get tested for an STD? *(Provide swab sample from pap exam or urine sample)*

Condoms:

100 – True or false: Condoms can give you HIV. *(False—condoms prevent HIV)*
200 – True or False: If you put the condom on the wrong way, you can flip it around and use it. *(False—if you put the condom on the wrong way, you must throw it away and use a new condom)*
300 – What can happen to a condom if it is left in very hot or very cold temperatures? *(The latex material can become weak and break during use if left in extreme temperatures)*
400 – Where can you get condoms? *(Pharmacy or for free at the local health center or health post)*
500 – What are the steps to using a condom?

Pregnancy:
100 – After what age is it the safest to have children? *(It is best to start after age 18)*
200 – True or false: You can prevent pregnancy and STI transmission by pulling out before ejaculation. *(False—some fluid comes out before ejaculation; you can only safely prevent both pregnancy and STI transmission through correct condom use)*
300 – How long should you wait in between pregnancies? *(2 years)*
400 – Why is it important to be tested for STDs when you are pregnant/giving birth? *(STDs can affect the baby and can be passed during pregnancy or childbirth, causing severe side effects in some cases)*
500 – Explain the menstrual cycle.

FACT OR FICTION: (20 minutes)
Keep the same teams from the Jeopardy activity. Ask each group, in order, to explain if the sentence is fact or fiction (for one point) and why (for a second point). If the group doesn't know the answer or the group answers incorrectly, any group can try to answer for the point(s). Record points on the board.

- It is unhealthy for a girl to bathe or swim during her period. *(Fiction. There is no health reason to restrict any activity during a menstrual period. Bathing during menstruation is especially important for good hygiene. Some girls and women will avoid certain activities during menstruation because of religious beliefs or cultural customs.)*
- Abstinence is the only method of contraception that is 100% effective. *(Fact. Abstaining from sexual intercourse of any kind is the only way to be absolutely sure of avoiding the risk of pregnancy or sexually transmitted diseases.)*
- If you get contraception at a health center, the nurse will tell your parents. *(False. Whatever contraception you pick up from the health center is confidential between you and your provider.)*
- Only females can have sexually transmitted diseases without having any symptoms. *(Fiction. Some STDs, such as herpes, have obvious symptoms in women and men. Others, such as gonorrhea and chlamydia, typically show no symptoms in women and often show no symptoms in men, as well. HIV infection may occur in women and in men with no symptoms of the disease for ten years or more. It is important for everyone, male or female, to be examined regularly by a health practitioner if she or he engages in sexual intercourse.)*

- Condoms are not very effective in preventing pregnancy and STDs. *(Fiction. Condoms are not 100% effective, but besides abstinence, they are the most effective way of preventing STDs, including HIV infection. In addition, if used correctly, latex condoms will prevent pregnancy about 80% of the time.)*
- A woman is temporarily infertile while she is nursing a baby. *(Fiction. Some women who breastfeed regularly, without supplementing their babies' feedings with formula, may not ovulate during that time, and therefore will not become pregnant again until after they stop nursing. That is not true, however, for all, or even most, nursing women. Breast-feeding cannot be relied on for pregnancy prevention.)*
- All boys have wet dreams during puberty. *(Fiction. Some boys do not have wet dreams at all, and that is normal. Wet dreams occur only as necessary to release excess sperm. Many males who have regular ejaculations through masturbation or sexual intercourse will not have wet dreams.)*
- Males need to have sex to keep good health. *(Fiction. It is normal and healthy for both males and females to have sexual feelings and a desire to express them, but neither males nor females need to have sex to be healthy.)*
- Alcohol makes it easier for people to get sexually aroused. *(Fiction. Actually, alcohol has the opposite effect. Alcohol is a depressant: it decreases the flow of blood to the genital area, making it more difficult for males to have an erection and more difficult for males and females to experience orgasm. These drugs may reduce a person's inhibitions and make an individual feel freer to have sex, but they can also reduce sexual performance. More importantly, they can make people feel like it is okay to do things they would not ordinarily do sexually, such as have intercourse without protecting against pregnancy, STDs, and HIV infection.)*
- A woman can always calculate the "safe" time during her menstrual cycle when she can have vaginal intercourse and be protected from pregnancy*. (Fiction. There is no time during a woman's cycle when she is absolutely safe from pregnancy. Even if she is monitoring her cycle for signs of ovulation, she cannot be certain she will not get pregnant during unprotected intercourse.)*
- All penises are about the same size when erect. *(Fact. The size of a penis when it is flaccid has no bearing on its size when erect. Penises are many different sizes when they are flaccid, but size is more or less equalized by erection in most men. More importantly, the size of a man's penis says nothing about his masculinity, his ability to be a good lover or his ability to father a child.)*
- Once a man gets aroused and has an erection, he must ejaculate to avoid harmful effects. *(Fiction. There is no harm if a man dos not ejaculate after he gets an erection: semen does not get backed-up in his testicles and cause infection or disease. A man may feel some discomfort and heaviness in his testicles if he is sexually excited for a long period of time without ejaculating. Some people call this condition blue balls. The feelings will disappear once he stops the sexually stimulating activity.)*
- A woman can get pregnant even if a man doesn't ejaculate inside her vagina. *(Fact. If a man ejaculates near the opening to a woman's vagina or touches her vulva while he has seen on his fingers, it is possible for sperm to find their way inside and fertilize an ovum. Women have become pregnant without ever actually having vaginal intercourse.)*

- If a penis is touched a lot, it will become larger permanently. *(Fiction. Genes from both parents determine a person's physical characteristics, including size, eye color, body type, overall adult height and so on. No amount of touching will affect the size of a man's penis or a woman's breasts.)*
- Normal adolescents do not masturbate once they become sexually active. *(Fiction. Masturbation, or touching and stimulating the genitals, is a normal sexual behavior that occurs in males and females of all ages. Masturbation is a common means of achieving the sexual pleasure and release. Masturbation is not physically harmful and is a safe way to express sexuality without risking pregnancy or disease. People whose family, religion or culture teach that masturbation is wrong may feel guilty if they masturbate.)*
- A woman with a heavy discharge from her vagina probably has a sexually transmitted disease. *(Fiction. All girls and women who have reached puberty have a normal vaginal discharge that is part of the vagina's natural way of cleansing itself. The amount of discharge varies at different times in a woman's menstrual cycle and from woman to woman. It is usually heaviest around the time of ovulation. If the discharge starts to itch or burn, or has a different color or odor than usual, that may be sign of a common vaginal infection or of an STD. In either case, the woman should consult a health practitioner.)*
- For most women, menstrual cramps are very real. *(Fact. Menstrual cramps are real. Most doctors believe they are caused by hormones called prostaglandins, which cause the uterus to contract. When women have very strong contractions during their periods, some experience painful cramps. Other women report no cramping during their periods, or only minor discomfort.)*
- In males, one testicle usually hangs slightly lower than the other one. *(Fact. All bodies are uneven—one hand or foot is usually larger. One testicle hangs slightly lower than the other. This is completely normal and eliminates the likelihood of chafing which would occur if testicles rubbed together when a man walks. One of a woman's breasts is usually slightly larger, as well.)*
- A woman will always bleed and feel pain when she has vaginal intercourse for the first time. *(Fiction. Most women have a hymen, a thin membrane that partially covers the vaginal entrance just inside the opening. Hymens vary in size and thickness and some women are not born with one at all. Many hymens are torn or stretched during normal physical activity. A small amount of bleeding may occur during first vaginal intercourse if a woman's hymen has never been stretched or torn. If a woman's hymen has never been stretched or torn. If her partner is gentle and they are both ready, there will usually be little or no pain during first intercourse.)*
- In some places, girls' genitals are mutilated to keep them from having sex before marriage. *(Fact. In some African and Middle Eastern cultures, girls have their clitoris and/or their labia removed at birth, during childhood or at puberty. This procedure is meant to prevent young girls from being sexually stimulated and having intercourse or becoming pregnant outside of marriage. Infection and scarring often result. With the clitoris gone, these women will not experience normal pleasure from sex. Female genital mutilation has been declared illegal in many countries, but the tradition continues.)*

- Anal intercourse is a safe way for a woman to avoid pregnancy and STDs. *(Fiction. This is a particularly dangerous myth, since engaging in anal intercourse is one of the easiest ways to spread HIV infection and some other STDs. Because the anus is not as elastic as the vagina and is not lubricated, it can tear more easily, allowing viruses and bacteria to be transmitted directly into the blood of a partner. In addition, it is possible for a woman to become pregnant from anal sex if semen from the ejaculation seeps out onto the vulva and moves into the vagina.)*
- Men who rape generally rape strangers. *(Fiction. Over half of all reported rapes are committed by men known to the women—either an acquaintance, friend, date, or relative. Many people believe that most rapes happen in deserted alleys or wooded areas when in fact, half of all rapes occur in the woman's home. No matter what a woman says or does to make a person think it is okay to have sex with her, once she says stop and the person forces her anyway, it is rape.)*
- A man who has a vasectomy no longer ejaculates during intercourse. *(Fiction. Semen, the fluid ejaculated out of the penis when a man has an orgasm, consists of sperm cells and fluids from several glands in the male reproductive system. When a man has a vasectomy, his vas deferens are severed so that sperm cells can no longer travel from his testicles out through his penis. All the glandular fluids, however, continue to be secreted and they make up most of the semen that is ejaculated during orgasm. Neither the man nor his partner will notice a difference in the amount of ejaculate after a vasectomy.)*

SESSION 13: VISIT FROM A HEALTH PROFESSIONAL

TIME: 1 hour

MATERIALS:

- Tape
- Slips of paper and jar/box for anonymous questions
- Attendance sheet and pen
- Nametags from previous week + additional ones for new members

LEADER PREPARATION:

- Ask your family and friends if they know anyone who works as a nurse or doctor. You can also go to the local health center to find someone. Contact this person and tell them a date and time you'd like them to come to your club meeting. Explain to them what you would like them to come and talk about: i.e. Ways to stay healthy, ways to prevent illness, how to find a job in the health field, etc.
- Before the meeting, ask students to think about questions they have for a health professional.

GUEST SPEAKER: (1 hour)

Introduce the speaker and have him/her speak about ways to prevent illness and important ways to stay healthy. Allow students to ask questions at the end, both out loud and anonymously on paper written down. Then have the guest speaker choose questions out of a jar/box.

If the session ends early, debrief with the following questions:

- Did you learn anything new from the speaker?
- Do you have any questions that were not answered?
- Are you now interested in working in the health field after hearing the speaker?

Appendix E: Translator Confidentially Waver Form

I, the translator, that is participating in the Menstrual Hygiene Management research, conducted by Saba Alemayehu and Cornell University, am signing this confidentially waver form. By signing this document, I will keep all of the information that I have translated and have heard during my participation in this study strictly confidential and to not be share with another party/person.

Your Signature _____ Date_____

_____

Your Name (printed)_____

Appendix F: Letter to Participating School

Dear Participating School,

Saba Alemayehu, a resident of Tenta Wordea and Peace Corps volunteer, would like to ask permission of your school to participate in a research study titled "Menstrual Hygiene Management, An Assessment of Practice in Schools in Tenta Woreda, East Amhara, Ethiopia." The purpose of this study is to see and understand what it is like to be a female student attending your school during their menstruation. We want to find out the reasons why it might be difficult for girls to attend school during menstruation and what steps need to be taken to help improved menstrual hygiene management in schools and improve female attendance. I have received approval by the Tenta Woreda education bureau to conduct my research at your school.

If your school agrees to take part in this study, we will ask female students to participate in taking a questionnaire and also be part of a focus group discussion that will be administered at your school, with a translator and the researcher. The questionnaire will ask the female students about their menstrual hygiene practices and hygiene and sanitation at your school. The questionnaire will take approximately 1hour to complete and will be administered by a translator and myself. The focus group will be a discussion with the female students regarding their menstrual hygiene management practices and will be administered by a translator and myself. The questionnaire and focus group will be anonymous and all answers will be kept confidential. All data collected, will be kept by me and will not be distributed to the schools. We will also hold a focus group discussion for the administrators and teachers at your school. This focus group will discuss how your school supports menstrual hygiene management and your female students. A translator and myself will administer the focus group discussion. I will also check on the sanitary conditions of your schools latrines, using a checklist. Photos of your schools latrine system might be taken and by participating in this research, you will be giving me permission to take these photos. All data collected from this focus group will be kept confidential and will not be distributed to the school. Once all research is finished, I will distribute the research paper to all schools that would like a copy.

I do not anticipate any risks of your school or your female students, teachers, and administrators participating in this research. I will be happy to fully disclose the questionnaire and focus group discussion questions to the schools administration for review, before beginning her research. All participating students will need to have a parental/guardian sign a consent form before the students are allowed to participate in the research. All participates will not be compensated for their participation and is fully voluntary, therefore there is no payment or course credit for taking part in the study.

If at any time your school has questions regarding the research, I will be more than happy to discuss any of your concerns or questions. Only authorized personnel from Cornell University will have access to the study data. All information that is collected about your school, during the course of the study, will be kept strictly confidential, stored in a secure and locked room and on a password protected computer. After all the research data has been analyzed, all personal details will no longer be used and will be destroyed. All other data will be kept securely for 5 years.

After this time, the data will be disposed of in a secure manner.

There are no direct benefits to the participants or the participating schools, but we hope that the information gathered from this study might benefit female students and your school in the future.

I thank you for your time and willingness to participate in this research.
Sincerely,

Saba Alemayehu

_____ _____

Principal Signature Date

Appendix G: Letter of Consent for Adult Participants/ Administration of School

We are asking you to participate in a research study titled "Menstrual Hygiene Management, An Assessment of Practice in Schools in Tenta Woreda, East Amhara, Ethiopia." I will describe this study to you and answer any of your questions. This study is being led by Saba Alemayehu, *Global Development Department at Cornell University.* The **Faculty Advisor for this study is** Terry Tucker, Associate Director, International Programs – CALS, Cornell University.

What the study is about

The purpose of this study is to see and understand what it is like to be a female student attending school during their menstruation. We want to find out the reasons why it might be difficult for girls to attend school during menstruation and what steps need to be taken to help improved menstrual hygiene management in schools and improve female attendance. This study is being undertaken as part of a Master of International Development educational qualification and the study results will be used to write a report as part of this qualification. Results from the study may be published in medical journals and presented at national and international research meetings. You will not be referred to by name or be identified in any presentation or report of the study results. Anonymous quotes from the interviews may be used in reports and publications.

What we will ask you to do

If you agree to take part in this study, we will ask you to participate in a focus group discussion that will be administered at your school, with a translator and the researcher. The focus group will be a discussion about menstrual hygiene and hygiene and sanitation at your school. The focus group discussion will take approximately 1hour. The focus group discussion will be kept confidential and we will not ask for your name. You will be given an identification number, only for the purpose for translation.

Risks and discomforts

We do not anticipate any risks from participating in this research. If any of the questions in the survey make you feel uncomfortable or is too sensitive to answer, you do not have to answer them. If at any point you feel upset or uncomfortable, you can discontinue participating. You can always feel free to talk to us about any problems, but please wait until after the group discussion is finished.

Benefits

There are no direct benefits to the participant, but a possible indirect benefit on reflecting on their own personal awareness of menstrual hygiene management. We hope that the information gathered from this study might benefit female students in the future and we hope to learn more about how menstrual hygiene management can help to decrease female student absenteeism in your school.

Compensation for participation
There is no payment for taking part in the study.

Audio/Video Recording
Audio recording will be used during the Focus Group discussion for translation purposes and we will not ask for your name during the recording, but only your school position. We will keep the recordings until they have been transcribed and then they will be archived and secured on a password protected computer. All participants will be audio recorded and potentially photographed in which only the person's position level be included.

By singing this form, the participant grants us the right to make, use and publish recordings in whole or in part in media forms now known (such as film, slides, and digital audio) or developed in the future. This includes the right to edit or duplicate any images/recordings.

The participant does not have rights to inspect or approve the finished product or printed/published matter that uses the images/recordings or versions of the images/recordings; and the participant will not receive any financial compensation for commercial and/or non-commercial (as appropriate) uses of the images/recordings.

Privacy/Confidentiality/Data Security
All data with identifying information will be kept separate from research data that has identifying information. You will not be referred to by name and any information gathered about you, will have your name removed and a unique code will be used so that you cannot be recognized. Only authorized personnel from Cornell University will have access to the study data. All information that is collected about you during the course of the study will be kept strictly confidential, stored in a secure and locked room and on a password protected computer. After all the research data has been analyzed, all personal details will no longer be used and will be destroyed. All other data will be kept securely for 5 years. After this time, your data will be disposed of in a secure manner.

Data Sharing
De-identified data from this study may be shared with the research community at large to advance science and health. We will remove or code any personal information that could identify you before files are shared with other researchers to ensure that, by current scientific standards and known methods, no one will be able to identify you from the information we share. Despite these measures, we cannot guarantee anonymity of your personal data.

Taking part is voluntary
Your participation in this study is completely voluntary and you may refuse to participate before the study begins, discontinue the study at any time, or skip any focus group questions that make you feel uncomfortable with no penalty to you or your relationship with your school.

If you have questions

The main researcher conducting this study is Saba Alemayehu, a graduate student at Cornell University. Please ask any questions you have now. If you have questions later, you may contact Saba Alemayehu at sa745@cornell.edu or at 011-320-0316. If you have any questions or concerns regarding your rights as a subject in this study, you may contact the Institutional Review Board (IRB) for Human Participants at 011-607-255-6182 or access their website at http://www.irb.cornell.edu. You may also report your concerns or complaints anonymously through Ethicspoint online at www.hotline.cornell.edu or by calling toll free at 1-866-293-3077. Ethicspoint is an independent organization that serves as a liaison between the University and the person bringing the complaint so that anonymity can be ensured.

Statement of Consent

I have read the above information, and have received answers to any questions I asked. I consent to take part in the study.

Your Signature_____ Date_____

Your Name (printed)_____

Signature of person obtaining consent_____ Date_____

Printed name of person obtaining consent_____

Please sign below if you are willing to have this interview audio recorded and that you comply with all performance release information. You may still participate in this study if you are not willing to have the interview recorded.

- ☐ I do not want to have this interview recorded.
- ☐ I am willing to have this interview recorded:

Signed: _____

Date:_____

This consent form will be kept by the researcher for five years beyond the end of the study.